



REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY

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APPLICATION FOR MEL RECTIFICATION INTERVAL EXTENSION (RIE)

This form is to be used by GA Operators or AOC holders to request one-off permission to extend a Rectification Interval.

1. OPERATOR DETAILS			
Name of Operator:			
Coordinator:	Name:	Position:	
Coordinator contact details:	Tel:	Email:	
AOC (if applicable):			
2. AIRCRAFT DETAILS			
Registration Mark:		T7-	
Manufacturer's Designation of Aircraft:			
Serial No.:			
3. MEL RECTIFICATION DETAILS			
MEL item:			
Rectification Interval Category:	<input type="checkbox"/> Category B	<input type="checkbox"/> Category C	<input type="checkbox"/> Category D
Expiry date of Rectification interval:		Requested Rectification extension period:	
Details of the Defect:			
Reason why rectification not carried out and justification for extension:			
4. APPLICANTS DECLARATION			
I hereby declare that, to the best of my knowledge and belief, the information given in this application is true.			
Date:		Position in Company:	
Name of Applicant:		Signature of Applicant:	
5. SUPPORTING DOCUMENTATION			
<input type="checkbox"/> Current MMEL			
<input type="checkbox"/> Current MEL and applicable MEL item for one-off approval			

FOR CAA USE ONLY**6A. OPERATIONS INSPECTOR RECOMMENDATION**

☐ I recommend the extension for One-Off approval with the following conditions (if any);

Days (state validity period):

Comments:

Date:

Designation No.:

Name:

Signature:

6B. AIRWORTHINESS INSPECTOR RECOMMENDATION

☐ I recommend the extension for One-Off approval with the following conditions (*if any*);

Comments:

Date:

Designation No.:

Name:

Signature:

7. COO RECOMMENDATION

Name:

Signature:

Date:

8. DIRECTOR GENERAL APPROVAL

Name:

Signature:

Date: