



**REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY**

TEL: +378 (0549) 941539 | FAX: +378 (0549) 970525 | EMAIL: registration@smar.aero

APPLICATION FOR MEL RECTIFICATION INTERVAL EXTENSION (RIE) PRIVILEGES

This form is to be used by AOC holder to request approval to utilise RIE on a permanent basis.

1. OPERATOR DETAILS		
Name of Operator:		
Coordinator:	Name:	Position:
Coordinator contact details:	Tel:	Email:
AOC No.:		
2. AIRCRAFT/FLEET DETAILS		
Registration Marks:	T7-	
Manufacturer's Designation of Aircraft:		
Serial No's:		
3. MEL RIE CONTROL DETAILS		
Provide name and position of the nominated Airworthiness personnel responsible for the control of company RIE procedure:		
Provide name and position of the nominated Flight Operations personnel responsible for the control of company RIE procedure:		
Provide RIE process, specific duties and responsibilities established by the operator to control the use of RIEs:		
4. APPLICANTS DECLARATION <i>(for RIE privileges this form must be signed by the AOC operations postholder position approved by the CAA)</i>		
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

- Current MMEL
 Proposed MEL amendment to Preamble and MME amendment for Operator RIE privileges only

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

- I recommend the operator be granted approval to manage the RIE process
- I recommend the operator be granted approval to manage the RIE process with the following restrictions:

Date:	Designation No.:
Name:	Signature:

6B. AIRWORTHINESS INSPECTOR RECOMMENDATION

- I recommend the operator be granted approval to manage the RIE process
- I recommend the operator be granted approval to manage the RIE process with the following restrictions:

Date:	Designation No.:
Name:	Signature:

7. HOPS RECOMMENDATION

Name:	Signature:	Date:
-------	------------	-------

8. DIRECTOR GENERAL APPROVAL

Name:	Signature:	Date:
-------	------------	-------