



**REPUBLIC OF SAN MARINO  
CIVIL AVIATION AUTHORITY**

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*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.

<b>1. OPERATOR DETAILS</b>		
Name of Operator:		
Coordinator:	Name:	Position:
Coordinator contact details:	Tel:	Email:
AOC No.:		
<b>2. AIRCRAFT/FLEET DETAILS</b>		
Registration Marks:	T7-	
Manufacturer's Designation of Aircraft:		
Serial No's:		
<b>3. MEL RIE CONTROL DETAILS</b>		
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:		
<b>4. APPLICANTS DECLARATION</b> <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. COO RECOMMENDATION

Name:	Signature:	Date:
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#### 8. DIRECTOR GENERAL APPROVAL

Name:	Signature:	Date:
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