



**REPUBLIC of SAN MARINO  
CIVIL AVIATION AUTHORITY**

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*APPLICATION FOR DESIGNATED AIRSPACE APPROVAL (GENERAL AVIATION)*

A vertical line in the margin indicates an amendment to the previous version.

<input type="checkbox"/> RNAV 1 (P-RNAV), RNP 1 & RNAV 2	<input type="checkbox"/> RNP 4	<input type="checkbox"/> RNAV 5 (B-RNAV)	<input type="checkbox"/> RNAV/RNP 10
<input type="checkbox"/> RNP APCH	<input type="checkbox"/> RNP AR APCH	<input type="checkbox"/> NAT HLA	<input type="checkbox"/> RVSM

1. DETAILS OF AIRCRAFT			
Registration Mark:	T7-		
Manufacturer's Designation of Aircraft:			
Serial Number:			
2. DETAILS OF AIRCRAFT OPERATOR			
Name of Operator:			
Nominated Coordinator:			
Telephone No.:		Email:	
3. SUPPORTING DOCUMENTATION			
<input type="checkbox"/> Proof of required equipment & RNAV and/or RVSM capability	Letter(s) from manufacturer attesting compliance <b>OR</b> Type Certificate Aircraft Flight Manual (AFM) or Supplemental Type Certificate (STC)		
<input type="checkbox"/> MEL	References or proposed amendment		
<input type="checkbox"/> Previous RVSM approval	(if applicable)		
<input type="checkbox"/> Operations Manual section	For RNP APCH or RNP AR APCH only		
4. DECLARATION OF COMPLIANCE			<i>tick</i>
Operations Manual (SOPs)	Procedures included		<input type="checkbox"/>
Aircraft checklists (e.g. QRH)	Checklists adequate		<input type="checkbox"/>
Adequacy of maintenance	Determined to be acceptable		<input type="checkbox"/>
Training - Pilot	Conducted to formal syllabus for initial/recurrent		<input type="checkbox"/>
Navigation data base	Controlled and documented ( <i>if applicable</i> )		<input type="checkbox"/>
Provision of information	Charts, publications & NOTAMs etc. are adequate		<input type="checkbox"/>
5. APPLICANTS DECLARATION			
The undersigned certifies that the above items ticked indicate that the aircraft systems installation, continuing airworthiness of systems, minimum equipment for dispatch, operating procedures and flight crew training comply with CAR OPS 2A or CAR OPS 2H, as applicable.			
Date:			
Name of Flight Operations Manager:		Signature of Flight Operations Manager:	