



**REPUBLIC of SAN MARINO  
CIVIL AVIATION AUTHORITY**

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*APPLICATION FOR ALL WEATHER OPERATIONS APPROVAL (GENERAL AVIATION)*

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

<input type="checkbox"/> LVTO	<b>Requested minimum</b>	<b>RVR</b>	<b>metres</b>	
<input type="checkbox"/> CAT II	<b>Requested DH</b>	<b>ft</b>	<b>RVR</b>	<b>metres</b>
<input type="checkbox"/> OTHER THAN STANDARD CAT II	<b>Requested DH</b>	<b>ft</b>	<b>RVR</b>	<b>metres</b>
<input type="checkbox"/> CAT III    A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	<b>Requested DH</b>	<b>ft</b>	<b>RVR</b>	<b>metres</b>

**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	Letter(s) from manufacturer attesting compliance <b>OR</b> Type Certificate Aircraft Flight Manual (AFM) or Supplemental Type Certificate (STC)
<input type="checkbox"/> MMEL/MEL	Reference or proposed MEL amendment
<input type="checkbox"/> Operations Manual	Procedures and training section for AWO applied for

**4. DECLARATION OF COMPLIANCE**

*tick*

Required Instruments & Equipment	Installed	<input type="checkbox"/>
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"/>
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:	