



**REPUBLIC of SAN MARINO
CIVIL AVIATION AUTHORITY**

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APPLICATION FOR ALL WEATHER OPERATIONS APPROVAL (COMMERCIAL AIR TRANSPORT)

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

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

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			<i>tick if attached</i>
Proof of Required Equipment	Letter(s) from manufacturer attesting compliance OR Type Certificate/Aircraft Flight Manual (AFM) OR Supplemental Type Certificate (STC)		<input type="checkbox"/>
MEL	Reference or proposed amendment		<input type="checkbox"/>
Adequacy of Maintenance Support	Attestation from maintenance organisation		<input type="checkbox"/>
Operations Manual (SOPs)	OMA reference or proposed amendment		<input type="checkbox"/>
Aircraft Checklists (e.g. QRH)	OMB reference or proposed amendment		<input type="checkbox"/>
Provision of Information	OMC reference or proposed amendment		<input type="checkbox"/>
Training - Pilot	OMD reference or proposed amendment		<input type="checkbox"/>
4. APPLICANTS DECLARATION			
The undersigned certifies that the above information to be correct and that the aeroplane systems installation, continuing airworthiness of systems, minimum equipment for dispatch, operating procedures and flight crew training comply with CAR OPS 1 or CAR OPS 3 (<i>as applicable</i>).			
Date:			
Name of Flight Operations Postholder:		Signature of Flight Operations Postholder:	