



**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: | |