



**REPUBLIC OF SAN MARINO  
CIVIL AVIATION AUTHORITY**

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*APPLICATION FOR OPERATIONAL CREDIT (COMMERCIAL AIR TRANSPORT)*

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

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. EQUIPMENT			
System Type:	HUD	EVS	OTHER (state):
Type, Make & Model:			
Proposed credit DH/RVR:	DH (ft):	RVR (m):	
4. SUPPORTING DOCUMENTATION (regardless of proposed utilisation)			Tick
AFM, AFM Supplement or STC	Letter(s) from manufacturer attesting compliance <b>OR</b> Type Certificate/Aircraft Flight Manual (AFM) <b>OR</b> Supplemental Type Certificate (STC)		
MMEL/MEL	MEL proposed amendments		
Operations Manual (SOPs)	OMA proposed amendments		
Normal and Abnormal Checklists (e.g. QRH)	OMB proposed amendments		
Provision of Information	OMC proposed amendments		
Initial/recurrent pilot training	OMD proposed amendment		
Data collection, evaluation and trend monitoring	System established and documented		
Safety risk assessment	SMS Risk Assessment		
Adequacy of Maintenance & repair support	Attestation from maintenance organisation		
5. APPLICANTS DECLARATION			
The undersigned certifies that the above information to be correct and that the aircraft systems installation, continuing airworthiness of systems, minimum equipment for dispatch, operating procedures and flight crew training comply with CAR OPS 1/3 (as applicable).			
Date:			
Name of Flight Operations Postholder:		Signature of Flight Operations Postholder:	