



**REPUBLIC of SAN MARINO  
CIVIL AVIATION AUTHORITY**

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*APPLICATION FOR A TECHNICAL LOG APPROVAL*

CAR OPS 1.915 and CAR OPS 3.915 requires the technical log system and any amendments to be approved by the Authority. This form is used for the initial approval and subsequent amendments.

| 1. DETAILS OF APPLICANT AND OPERATOR                                    |   |   |  |
|---|---|---|--|
| Type of Application:  | <input type="checkbox"/> Initial        | <input type="checkbox"/> Amendment/Revision |  |
| Name of Operator:   |   |   |  |
| AOC Number:   |   |   |  |
| San Marino Company Address:   |   |   |  |
| Telephone no.:  |   | Fax No.:                                    |  |
| Email:  |   |   |  |
| 2. DETAILS OF AIRCRAFT FOR WHICH THE TECHNICAL LOG IS APPLICABLE        |   |   |  |
| Registration Mark:  | Manufacturer's Designation of Aircraft: |   |  |
| T7-   |   |   |  |
| T7-   |   |   |  |
| T7-   |   |   |  |
| T7-   |   |   |  |
| T7-   |   |   |  |
| T7-   |   |   |  |
| T7-   |   |   |  |
| T7-   |   |   |  |
| T7-   |   |   |  |
| T7-   |   |   |  |
| 3. DOCUMENTS ENCLOSED THAT REQUIRE APPROVAL:                            |   |   |  |
| <i>Write the Title, document reference numbers and revision details</i> |   |   |  |
|   |   |   |  |

(Continue on a separate sheet if necessary)

**4. SUMMARY OF REVISIONS IF THE APPLICATION IS FOR AN AMENDMENT TO THE TECHNICAL LOG SYSTEM***Write N/A if the application is for the initial approval*

(Continue on a separate sheet if necessary)

**5. APPLICATION BY THE OPERATOR**

|  |  |   |  |
|--|--|---|--|
| Date:  |  |   |  |
| Name of Postholder for Continuing Airworthiness: |  | Signature of Postholder for Continuing Airworthiness: |  |

**6. CAA SMR USE ONLY****Airworthiness Inspector recommending approval:**

|                                  |  |                                       |  |
|----------------------------------|--|---------------------------------------|--|
| Date:                            |  | Designation No.:                      |  |
| Name of Airworthiness Inspector: |  | Signature of Airworthiness Inspector: |  |

**Principal Flight Operations Inspector advised:**

|       |  |       |  |
|-------|--|-------|--|
| Date: |  | Name: |  |
|-------|--|-------|--|

**7. SAN MARINO CAA APPROVAL**

|                     |  |                      |  |
|---------------------|--|----------------------|--|
| Date:               |  |                      |  |
| Approved by (Name): |  | Signature and stamp: |  |