



**REPUBLIC of SAN MARINO
CIVIL AVIATION AUTHORITY**

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APPLICATION FOR STEEP APPROACH APPROVAL (COMMERCIAL AIR TRANSPORT)

Please complete this form electronically or in block capitals using black ink.

1. AIRCRAFT DETAILS			
Registration Mark:	T7-		
Type/Model Designation:			
Serial Number:			
2. APPLICANT DETAILS			
Operator:			
Nominated Coordinator:			
Telephone No.:		Email:	
3. SUPPORTING DOCUMENTATION			
Proof of required equipment	Type Certificate Aircraft Flight Manual (AFM) or Supplement Supplemental Type Certificate (STC)		<input type="checkbox"/>
MEL	Reference or proposed MEL amendment		<input type="checkbox"/>
Previous steep approach approval	<i>(submit with application if available)</i>		<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"/>
Airport 4 letter ICAO code	Submit current approach charts		<input type="checkbox"/>
5. APPLICANTS DECLARATION			
The undersigned certifies that the above items ticked indicate that the aeroplane systems installation, continuing airworthiness of systems, minimum equipment for dispatch, operating procedures and flight crew training comply with CAR OPS 1.			
Date:			
Name of Flight Operations Postholder:		Signature of Flight Operations Postholder:	