



**REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY**

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APPLICATION FOR FLIGHT CREW LICENCE VALIDATION

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

1. APPLICATION INFORMATION			
Type of Application:	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal	Validity Term:	<input type="checkbox"/> One Year <input type="checkbox"/> Three Years
Position:	<input type="checkbox"/> Captain <input type="checkbox"/> First Officer <input type="checkbox"/> Flight Engineer		
Aircraft for which validation is required:	T7-	Aircraft Type:	
Have you ever held a San Marino validation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state validation no.:	
2. APPLICANT INFORMATION			
First / Given Name:			
Last / Family Name:			
Address:			
Telephone No.:		Email:	
3. LICENCE INFORMATION			
State of Issue:			
Class of Licence:			
Licence No.:			
4. DECLARATION			
I hereby declare that to the best of my knowledge the particulars given on this application are true in every respect.			
Date:		Signature of Applicant:	
PLEASE PROVIDE LEGIBLE SCANNED COPIES OF THE FOLLOWING DOCUMENTS FOR BOTH INITIAL AND RENEWAL APPLICATIONS, AND ALLOW UP TO ONE BUSINESS DAY FOR PROCESSING AND ISSUANCE OF VALIDATION:			
<input type="checkbox"/> Written request from the owner/operator (<i>Not applicable to Freelance</i>) <input type="checkbox"/> Current and signed foreign licence including type or class rating <input type="checkbox"/> Current radio operator's permit / licence <input type="checkbox"/> Current medical certificate <input type="checkbox"/> Aircraft type proficiency and instrument currency (<i>For EASA Member States, in the form of a licence endorsement</i>) <input type="checkbox"/> Passport or Identification Card (ID) (<i>For initial licence validation request only</i>)			