



**REPUBLIC of SAN MARINO  
CIVIL AVIATION AUTHORITY**

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*APPLICATION FOR POLAR ROUTE OPERATIONS APPROVAL (GENERAL AVIATION)*

<b>1. AIRCRAFT DETAILS</b>			
Registration Mark:	T7-		
Manufacturer's Designation of Aircraft:			
Serial Number:			
<b>2. DETAILS OF AIRCRAFT OPERATOR</b>			
Name of Operator:			
Nominated Coordinator:			
Telephone No.:		Email:	
<b>3. DATE OF FIRST INTENDED POLAR ROUTE OPERATION</b>			
<i>Minimum of 60 days prior notice required</i>	Proposed Date:		
<b>4. SUPPORTING DOCUMENTATION</b> <span style="float: right;"><i>tick if attached</i></span>			
<input type="checkbox"/> Proof of required equipment for polar route operations	Letter(s) from manufacturer attesting compliance <b>OR</b> Type Certificate Aircraft Flight Manual (AFM) or Supplemental Type Certificate (STC)		
<input type="checkbox"/> MEL	References or proposed amendment		
<input type="checkbox"/> Operations Manual section	For polar route operations only		
<input type="checkbox"/> Operational Plan	<i>(Refer CAP 30)</i>		
<input type="checkbox"/> Risk Assessment	<i>(including Recovery Plan)</i>		
<b>5. DECLARATION OF COMPLIANCE</b> <span style="float: right;"><i>tick</i></span>			
Operations Manual (SOPs)	Procedures included		<input type="checkbox"/>
Aircraft checklists (e.g. QRH)	Checklists adequate		<input type="checkbox"/>
Adequacy of maintenance	Determined to be acceptable		<input type="checkbox"/>
Training - Pilot	Conducted to formal syllabus for initial/recurrent		<input type="checkbox"/>
Provision of information	Charts, publications & NOTAMs etc. are adequate		<input type="checkbox"/>
<b>6. APPLICANTS DECLARATION</b>			
The undersigned certifies that the above items ticked indicate that the aircraft systems installation, continuing airworthiness of systems, minimum equipment for dispatch, operating procedures and flight crew training comply with CAR OPS 2A/H, as applicable.			
Date:			
Name of Flight Operations Manager:		Signature of Flight Operations Manager:	