



REPUBLIC of SAN MARINO
CIVIL AVIATION AUTHORITY

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APPLICATION FOR POLAR ROUTE OPERATIONS APPROVAL (COMMERCIAL AIR TRANSPORT)

1. AIRCRAFT DETAILS			
Registration Mark:	T7-		
Manufacturer's Designation of Aircraft:			
Serial Number:			
2. DETAILS OF AIRCRAFT OPERATOR			
Name of Operator:			
Nominated Coordinator:			
Telephone No:		Email:	
3. DATE OF FIRST INTENDED POLAR ROUTE OPERATION			
<i>Minimum of 60 days prior notice required</i>	Proposed Date:		
4. SUPPORTING DOCUMENTATION <i>tick if attached</i>			
Proof of required equipment for polar route operations	Letter(s) from manufacturer attesting compliance OR Type Certificate Aircraft Flight Manual (AFM) or Supplemental Type Certificate (STC)	<input type="checkbox"/>	
MEL	Reference or proposed amendment	<input type="checkbox"/>	
Adequacy of maintenance support	Attestation from maintenance organisation	<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"/>	
Operational Plan	<i>(Refer CAP 30)</i>	<input type="checkbox"/>	
Risk Assessment	<i>(including Recovery Plan)</i>	<input type="checkbox"/>	
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 <i>(as applicable)</i> .			
Date:			
Name of Flight Operations Postholder:		Signature of Flight Operations Postholder:	