



**REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY**

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AOC PRE-ASSESSMENT STATEMENT

A vertical line in the margin indicates an amendment to the previous version.

1. APPLICANT DETAILS (Owner or Operator)			
Company Name:		Trading name:	
Telephone No.:		Email:	
2. PRINCIPAL PLACE OF BUSINESS IN SAN MARINO (if available)			
Address:			
Telephone No.:		Email:	
3. PROPOSED KEY PERSONNEL MANAGEMENT			
Name	Title	Contact Details	
	Accountable Manager	Tel:	
		Email:	
	Flight Operations Postholder	Tel:	
		Email:	
	Continuing Airworthiness Postholder	Tel:	
		Email:	
	Crew Training Postholder	Tel:	
		Email:	
	Ground Operations Postholder	Tel:	
		Email:	
	Quality Manager	Tel:	
		Email:	
	Safety Manager	Tel:	
		Email:	
4. PROPOSALS (use other side for additional information if required)			
Start-up Date:			
Maintenance:	<input type="checkbox"/> Operator AMO <input type="checkbox"/> Outsourced AMO <input type="checkbox"/> Other, specify		
Category of Aircraft:	<input type="checkbox"/> Aeroplane <input type="checkbox"/> Helicopter <input type="checkbox"/> Other, specify		
Aircraft Designation Type:	1.	2.	3.
Requested Registration:	T7-	T7-	T7-
Type of operation:	<input type="checkbox"/> Passenger <input type="checkbox"/> Cargo <input type="checkbox"/> Scheduled operations <input type="checkbox"/> Charter operations		
Specific approvals:	<input type="checkbox"/> RNP AR APCH <input type="checkbox"/> LVTO <input type="checkbox"/> EDTO <input type="checkbox"/> EFB <input type="checkbox"/> AWO (CAT II/III) <input type="checkbox"/> HUD/EVS for Credit <input type="checkbox"/> Dangerous Goods <input type="checkbox"/> Steep Approach		

Geographic areas of operation:	<input type="checkbox"/> Polar operations above 78° N & 60° S <input type="checkbox"/> Africa-Indian Ocean Region (AFI) <input type="checkbox"/> Asia Region (ASIA) <input type="checkbox"/> Caribbean Region (CAR) <input type="checkbox"/> European Region (EUR) <input type="checkbox"/> Middle East Region (MID) <input type="checkbox"/> North American Region (NAM) <input type="checkbox"/> North Atlantic Region (NAT) <input type="checkbox"/> Pacific Region (PAC) <input type="checkbox"/> South American Region (SAM)
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5. APPLICANTS DECLARATION
I hereby declare that, to the best of my knowledge and belief, the information given in this application is true.

Date:		Position in Company:	
Name of Applicant:		Signature of Applicant:	