



**REPUBLIC OF SAN MARINO  
CIVIL AVIATION AUTHORITY**

TEL: +378 (0549) 941539 | FAX: +378 (0549) 970525 | EMAIL: registration@smar.aero

*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 (if applicable):			
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"/> RVSM <input type="checkbox"/> EDTO <input type="checkbox"/> NAT HLA <input type="checkbox"/> EFB <input type="checkbox"/> AWO		

Geographic areas of operation:	<input type="checkbox"/> Polar operations above 78° N & 60° S <input type="checkbox"/> Africa-Indian Ocean Region <b>(AFI)</b> <input type="checkbox"/> Asia Region <b>(ASIA)</b> <input type="checkbox"/> Caribbean Region <b>(CAR)</b> <input type="checkbox"/> European Region <b>(EUR)</b> <input type="checkbox"/> Middle East Region <b>(MID)</b> <input type="checkbox"/> North American Region <b>(NAM)</b> <input type="checkbox"/> North Atlantic Region <b>(NAT)</b> <input type="checkbox"/> Pacific Region <b>(PAC)</b> <input type="checkbox"/> South American Region <b>(SAM)</b>
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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:	