REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY

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

FORMAL APPLICATION FOR AIR OPERATOR CERTIFICATE

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:	☐ Operator AMO ☐ Outsourced AMO ☐ Other, specify		
Category of Aircraft:	☐ Aeroplane ☐ Helicopter ☐ Other, specify		
Aircraft Designation Type:	1.	2.	3.
Requested Registration:	T7-	T7-	T7-
Type of operation:	☐ Passenger ☐ Cargo ☐ Scheduled operations ☐ Charter operations		
Specific approvals:	☐ RNP AR APCH ☐ LVTO ☐ EDTO ☐ EFB ☐ AWO (CAT II/III) ☐ HUD/EVS for Credit ☐ Dangerous Goods ☐ Steep Approach		

Geographic areas of operation:	☐ Polar operations above 78º N & 60º S
	☐ Africa-Indian Ocean Region **(AFI)**
	☐ Asia Region **(ASIA)**
	☐ Caribbean Region **(CAR)**
	☐ European Region **(EUR)**
	☐ Middle East Region **(MID)**
	☐ North American Region **(NAM)**
	☐ North Atlantic Region **(NAT)**
	☐ Pacific Region **(PAC)**
	☐ South American Region **(SAM)**

5. APPLICANTS DECLARATION

I hereby apply for the grant of an Air Operating Certificate and declare that, to the best of my knowledge and belief, the particulars given in this application are true in every respect.

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