



**REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY**

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

APPLICATION FOR AIR OPERATING LICENCE

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			
Address:			
Telephone No.:		Email:	
3. PROPOSED AIRCRAFT			
Manufacturer	Designation Type	Number of Aircraft	Leased (Yes/No)
4. TYPE OF OPERATION			
<input type="checkbox"/> Passenger	<input type="checkbox"/> Cargo	<input type="checkbox"/> Scheduled operations	<input type="checkbox"/> Charter operations
4. SUPPORTING DOCUMENTATION			
Corporate details	<i>Include registration number, registered address, date and place of incorporation</i>		
Company structure			
Business plan			
Financial arrangements	<i>Evidence of company meeting its actual and potential obligations (for aircraft over 10 tonnes MTOW and/or more than 20 passengers, this means for a period of 24 months and the ability to meet fixed and operational costs for 3 months.)</i>		
Good Repute	<i>Proof of good repute of the persons managing the operations.</i>		
5. APPLICANTS DECLARATION			
I understand that operations may only be conducted in accordance with a valid Air Operator Certificate issued by the San Marino CAA. I hereby apply for the grant of an Air Operating Licence and declare that, to the best of my knowledge and belief, the statements given in this application are true.			
Date:		Position in Company:	
Name of Applicant:		Signature of Applicant:	