



REPUBLIC of SAN MARINO
CIVIL AVIATION AUTHORITY

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CAR OPS 2A INSTRUMENTS AND EQUIPMENT COMPLIANCE STATEMENT (AEROPLANE)

Please read Guidance Notes before completion.

CAR OPS 2A PARTS I and II	
AIRCRAFT INSTRUMENTS AND EQUIPMENT COMPLIANCE STATEMENT	
<i>Note: This document is based on CAR OPS 2A, [as amended] and operators must refer to this document when completing this statement. Equipment changes since last issue are marked with a vertical line.</i>	
1.1 Name of Operator:	
1.2 Registration Mark:	T7-
1.3 Manufacturer's Designation of Aircraft:	
1.4 Aircraft Serial No.:	
1.5 Manufacturer of Aircraft:	
1.6 Date of Manufacture:	
1.7 Date of First Individual C of A received:	
1.8 Maximum Certificated Take-off Mass (MTOM):	
1.9 Maximum approved passenger seating configuration (MAPSC):	
1.10 Which version of CAR OPS 2A is this declaration based on:	

CAR OPS 2A PART I REQUIREMENTS					
CAR Reference¹	COMPLIANCE²				Remarks³
	TCDS	STC	Other	N/A	
OPS 2A.204(a)(5) Safety Briefing Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.402 Instruments & equipment-General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.403 Marking of break-in points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.404 Instruments & equipment-Day VFR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.406 Instruments & equipment-Night VFR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.407 Operating lights for night operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.408 Instruments & equipment – IFR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.409 Flight over water – Aeroplane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.411/2A.412 Survival equipment on extended overwater flights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.413 Supplemental oxygen — pressurised aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.414 Supplemental oxygen — non-pressurised aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.416 Noise Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.417 Emergency locator transmitter (ELT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.418 Pressure-altitude reporting transponder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.419 Microphones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.421 Head-up displays (HUD) and/or enhanced vision systems (EVS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.422 Ground proximity warning systems (GPWS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



CAR OPS 2A PART I REQUIREMENTS					
CAR Reference ¹	COMPLIANCE ²				Remarks ³
	TCDS	STC	Other	N/A	
OPS 2A.501 Communication equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.502 Navigation equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.507 Surveillance equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CAR OPS 2A PART II REQUIREMENTS LARGE & TURBO JET AIRCRAFT					
Applicability: An Aeroplane;					
(i) With a maximum certificated take-off mass exceeding 5,700 kg, or					
(ii) Equipped with one or more turbojet engines					

CAR Reference ¹	COMPLIANCE ²				Remarks ³
	TCDS	STC	Other	N/A	
OPS 2A.405 General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.410 Aeroplanes on all flights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.415 Manuals and checklists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.420 Cockpit voice recorder – 2-hour duration including locator device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.425 Flight data recorder – required parameters and locator device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.430 Data link recording including locator device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.435 Flight data and cockpit voice combination recorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.440 Aeroplanes on long-range over-water flights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.445 Aeroplanes in icing conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.450 Aeroplanes operated in accordance with the instrument flight rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.455 Emergency power supply for electrically operated attitude indicating instruments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.460 Weather-detecting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.465 Aeroplanes operated above 15,000 m (49,000 ft) - radiation indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.470 Passenger and cabin crew seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.475 Airborne collision avoidance system (ACAS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.480 Pressure-altitude reporting transponder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.485 Microphones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2A.490 Ground proximity warning systems (GPWS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COMPLIANCE STATEMENT

I hereby confirm correctness of the compliance statement in accordance with CAR OPS 2A and that this equipment is reflected in the aircraft MEL. I accept that any false claims identified during their subsequent inspection may result in the CAA preventing operation of the aircraft.

Date:			
Email: ⁴		Telephone no: ⁴	
Name of Airworthiness Coordinator or Postholder for continuing airworthiness		Signature of Airworthiness Coordinator or Postholder for continuing airworthiness:	



Guidance Notes for the Completion of this Application

1. All items must be completed.
2. Please select the compliance method by ticking the applicable item (TCDS, STC, Other or N/A).
3. In the remarks column please specify the reference of the document that refers STC number, Service bulletin number, FAA Form 337 or operations manual reference, as applicable.
4. Please provide an email address and contact telephone number in case of queries.