



REPUBLIC of SAN MARINO
CIVIL AVIATION AUTHORITY

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CAR OPS 2H INSTRUMENTS AND EQUIPMENT COMPLIANCE STATEMENT (HELICOPTER)

Please read Guidance Notes before completion.

CAR OPS 2H AIRCRAFT INSTRUMENTS AND EQUIPMENT COMPLIANCE STATEMENT	
<i>Note: This document is based on CAR OPS 2H, [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:	
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 2H this declaration is based on:	

CAR OPS 2H REQUIREMENTS					
CAR Reference¹	COMPLIANCE²				Remarks³
	TCDS	STC	Other	N/A	
OPS 2H.205(a)(5) Safety Briefing Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.401 General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.403 Instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.405 Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.409 Marking of break-in points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.411 Instruments & equipment-Day VFR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.413 Instruments & equipment-Night VFR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.415 Operating lights for night operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.417 Instruments & equipment – IFR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.419 Flight over water – Helicopter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.421 Flights over Designated Land Areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.423 High Altitude Flights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.425 Noise Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.427 Cockpit voice recorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.429 Flight data recorder – Helicopter required parameters and locator device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.431 Data link recording including locator device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



CAR OPS 2H REQUIREMENTS					
CAR Reference ¹	COMPLIANCE ²				Remarks ³
	TCDS	STC	Other	N/A	
OPS 2H.433 Flight data and cockpit voice combination recorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.435 Emergency locator transmitter (ELT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.437 Pressure-altitude reporting transponder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.439 Microphones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.441 Head-up displays (HUD) and/or enhanced vision systems (EVS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OPS 2H.443 Electronic Flight Bags (EFB)	<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 2H and that this equipment is reflected in the aircraft MEL (if applicable). 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.