



**REPUBLIC of SAN MARINO  
CIVIL AVIATION AUTHORITY**

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

*APPLICATION FOR DESIGNATED FLIGHT OPERATIONS INSPECTOR*

**Guidance Notes for the Completion of this Application**

1. It is important that the form is completed with the details that relate to being an Inspector.
2. It is not necessary that you have all the qualifications and experience as requested on the form. The CAA need to know what qualifications and experience you have and what you do not have so that they can determine what authorisations they could grant or what training would be required.
3. The CAA may contact a previous employer to verify any statements made on the form.

1. APPLICANT'S DETAILS			
Title:	<input type="checkbox"/> MR	<input type="checkbox"/> MRS	<input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/> OTHER
First / Given Name:			
Last / Family Name:			
Date of Birth:			
Home Address:			
Telephone No.:		Mobile No.:	
Email Address:			
Passport No. and Issuing Country: <i>(Please include a copy of your passport)</i>			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Licence No and issuing state: <i>(Please include a copy of all pages including medical certificate)</i>	<input type="checkbox"/> ATPL <input type="checkbox"/> CPL <input type="checkbox"/> PPL <input type="checkbox"/> H <input type="checkbox"/> A		
Next of Kin:	Name: Relationship: Contact Numbers:		
2. EMPLOYMENT HISTORY			
Employment History starting with the latest: <i>(Please include a copy of your CV)</i>			
3. KNOWLEDGE AND EXPERIENCE <i>(if no experience on the subject please state N/A)</i>			
Have you ever been employed by a National Aviation Authority (NAA) as a Flight Operations Inspector?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

(Please insert NAA name and dates when active in the role unless clear from CV)	
If employed by an NAA, include dates of your employment, duties and responsibilities. (Please include copies of any NAA authorisation documents)	
Describe your writing, reading and speaking proficiency in the English language:	
Detail what IT systems you are competent in:	

Provide indicate where your level of knowledge and experience of the various competencies below are, at the time of making this application. (Include copies of any associated training certificates)

**1. Excellent:** means I am a subject matter expert that could train others in the subject matter.

**2. Good:** means I consider myself a subject matter expert but not good enough to train others on the subject.

**3. Average:** means I have a reasonable working knowledge of the subject.

**4. Require refresher training:** I have some knowledge, or it's been a long time. Refresher training required.

**5. Initial training required:** Have little or no knowledge and would require initial training.

Competency	1	2	3	4	5
AOC initial & oversight (ICAO 5 Phases)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Management Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Management Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cargo Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabin Safety Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PBN approvals (CPDLC, ADS-B Out, ADS-C, RCP & RSP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designated Airspace approvals (RNP 1, 2, 4, 5 10, RVSM, RNAV, APCH and AR APCH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AWO approvals (HUD/EVS, CAT II, CAT III)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFB approvals (Installed & Portable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steep Approach approvals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polar Route approvals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDTO approvals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEL approvals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATO approvals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FSTD evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident/Incident Investigations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous Goods approvals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ICAO 83bis agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATQP operations/approvals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EBT operations/approvals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you wish to add any comments or additional information, please do so here:

<b>4. QUALIFICATIONS</b>			
Provide details of any professional qualifications or association with or membership of aviation bodies.			
<b>5. SUPPORTING DOCUMENTATION</b> <i>(to be provided electronically)</i>			
<input type="checkbox"/> Curriculum Vitae (CV) <input type="checkbox"/> Passport(s) <input type="checkbox"/> NAA Authorisation Document(s) <input type="checkbox"/> Training Certificate(s)			
<input type="checkbox"/> Pilot's Licence(s) <input type="checkbox"/> Attestation(s)			
<b>6. DECLARATION</b>			
I possess the general fitness to meet the physical demands associated with the possible rigours of inspectors' work and to be able to perform the tasks expected of me.			
I do not have any physical condition that would cause a hazard to myself or others that would interfere with my ability to fly as passengers in a variety of aircraft.			
I declare that to the best of my knowledge and belief that the information provided is true and accurate.			
Please any comment or supplementary information that we should be aware of:			
<b>7. APPLICATION COMPLETION</b>			
Date:		Signature of Applicant:	
<b>8. CAA USE ONLY</b>			
Date of interview:			
Comments and notes:			
Applicant successful	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Interviewer:		Position:	