



**REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY**

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CONFIRMATION OF AREA OF OPERATIONS FOR AOC

A vertical line in the margin indicates an amendment to the previous version.

1. OPERATOR DETAILS			
Company Name:		Trading name:	
Telephone No:		AOC No:	
Address:			
2. AOC REGION		Aircraft Type/Reg (specify and tick)	
		A/C 1:	A/C 2:
AFRICA-INDIAN OCEAN (AFI) REGION			
ASIA (ASIA) REGION			
CARIBBEAN (CAR) REGION			
EUROPEAN (EUR) REGION			
MIDDLE EAST (MID) REGION			
NORTH AMERICAN (NAM) REGION			
NORTH ATLANTIC (NAT) REGION			
PACIFIC (PAC) REGION			
SOUTH AMERICAN (SAM) REGION			
3. ACCOUNTABLE MANAGER DECLARATION			
I hereby confirm we have conducted a review of our required areas of operation as indicated above and that a review of our operations manuals confirm they contain the necessary information, process and procedures to safely conduct operations in these areas.			
Date:			
Name of Accountable Manager:		Signature of Accountable Manager:	