



**REPUBLIC of SAN MARINO  
CIVIL AVIATION AUTHORITY**

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*CAR CAMO INITIAL APPLICATION AND VARIATION APPLICATION FORM*

<b>1. CONTINUING AIRWORTHINESS MANAGEMENT ORGANISATION DETAILS</b>			
Name of Continuing Airworthiness Management Organisation:			
Trading Name, if applicable:			
Mailing Address:			
Address of main site to be approved:			
Telephone No.:		Fax No.:	
<b>2. ACCOUNTABLE MANAGER DETAILS</b>			
Name:			
Telephone:			
Email:			
<b>3. CONTINUING AIRWORTHINESS MANAGER (CAM) DETAILS</b>			
Name:			
Telephone:			
Email:			
<b>4. QUALITY MANAGER DETAILS</b>			
Name:			
Telephone:			
Email:			
<b>5. CONTACT PERSON REGARDING THIS APPLICATION</b>			
Name:			
Telephone:			
Email:			
<b>6. NAMES AND POSITIONS OF KEY MANAGEMENT AND SENIOR STAFF APPROPRIATE TO THE APPROVAL IN ADDITION TO THOSE IN BOXES 2, 3, and 4. Ref CAR CAMO.250:</b>			

**7. TOTAL NUMBER OF STAFF EMPLOYED BY THE COMPANY IN ORDER TO COMPLY WITH CAR CAMO:**  
*(This should show the number employed and the number contracted)*

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**8. SUPPORTING DOCUMENTATION FOR AN INITIAL APPROVAL**

The following documents are included with the application:

Continuing Airworthiness Management Exposition:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Form SM 168 CAR CAMO Statement of Compliance:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Form SM 54B (Key Management Personnel Nominations):	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Supporting documents related to the nominated personnel competence (i.e. licence, training certificates etc):	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**9. SUPPORTING DOCUMENTATION FOR A VARIATION TO THE APPROVAL**

The following documents are included with the application:

Continuing Airworthiness Management Exposition:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Form SM 168 CAR CAMO Statement of Compliance:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**10. SCOPE OF WORK APPLIED FOR:**

*For each aircraft that is to be included in the CAME scope of work provide details below of the following:*

	A/C	A/C	A/C	A/C	A/C
Registration Mark:	T7-	T7-	T7-	T7-	T7-
Manufacturer's Designation of Aircraft:					
The Type Certificate Data Sheet with which the aircraft conforms:					
Engine Manufacturer and Model designation:					
Propeller Manufacturer and Model designation:					

**11. PRINCIPLE POINT OF CONTACT**

Details of person responsible for administering this application.

Date:		Position:	
Telephone No.:		Email:	
Name:		Signature:	