



**REPUBLIC of SAN MARINO
CIVIL AVIATION AUTHORITY**

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APPLICATION FOR THE ISSUE OF A CABIN CREW ATTESTATION (CAA)

Please complete this form electronically or in block capitals using black ink.

1. APPLICANT INFORMATION			
Type of Application:	Initial Replacement of lost/stolen CCA		
First / Given Name:			
Last / Family Name:			
Date and Place of Birth:		Nationality:	
Address:			
Telephone No.:		Email:	
Have you ever held a Cabin Crew Attestation:			Yes No
2. COURSE COMPLETION CONFIRMATION			
<i>Note: Where a separate course completion certificate issued in accordance with UK/EASA or SM regulations is not supplied with this application, this confirmation must be signed by the Head of Training (or nominated Deputy) of the airlines or Cabin Crew Training Organisation that conducted the initial course of training.</i>			
I certify that _____ Has satisfactorily completed a course of training for the issue of a cabin crew attestation and has passed the required examination covering all parts of the course.			
Course Date:		Examination Date:	
Name of Training Organisation:		ATO Approval No:	
Name:		Position:	
Signature:		Date:	
3. APPLICATION & DECLARATION			
I hereby apply for the issue of a cabin crew attestation based on compliance with CAR LIC Subpart O, CAR OPS 1 Subpart O and CAR MED Subpart C. I confirm that the statements made by me on this application are true and correct.			
Date:		Signature of Applicant:	
4. PLEASE PROVIDE LEGIBLE SCANNED COPIES OF THE FOLLOWING DOCUMENTS:			
Previously held cabin crew attestations, if applicable Evidence of medical fitness Certificate of course completion of initial cabin crew training Passport or Identification Card			