



REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY

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*APPLICATION FOR OPERATIONAL USER APPROVAL TO PERMIT USE OF
TRANSMITTING ELECTRONIC PORTABLE DEVICES (T-PED)*

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

1. DETAILS OF AIRCRAFT OPERATOR			
Name of Operator:			
Address:			
Point of contact (Name/Title):			
Telephone No:		Email:	
2. DETAILS OF AIRCRAFT			
Registration Mark:	T7-		
Manufacturer's Designation of Aircraft:			
Serial Number:			
Installed Wireless System:	Manufacturer:		
	Model:		
	STC/Approval Basis:		
Description of System Functionality:			



3. SUPPORTING DOCUMENTATION		(tick if attached)	
PED Immunity/Aircraft Tolerance/RF Test Reports (<i>attach test data</i>)		<input type="checkbox"/>	
Safety Risk Assessment (<i>Include summary of analysis, hazards, mitigation and operational limitations and attach risk assessment. Define procedures for identifying and recording interference events. Describe ongoing monitoring, reporting, and safety review methods.</i>)		<input type="checkbox"/>	
EMC/Certification Data (<i>Include summary and attach test data, analysis or certification records</i>)		<input type="checkbox"/>	
Operational Manual Procedures (<i>CAT only</i>)		<input type="checkbox"/>	
Use Policy (<i>Identify approved PEDs, permitted flight phases, and any restrictions</i>)		<input type="checkbox"/>	
Crew Procedures and Training Plan (<i>Describe training plan and manual updates.</i>)		<input type="checkbox"/>	
Passenger Briefing Materials (<i>Outline communication and compliance measures safety briefing card, announcements, video</i>)		<input type="checkbox"/>	
4. APPLICANTS DECLARATION			
The undersigned certifies that that the information provided is accurate and complete, and that the operator agrees to comply with all applicable safety and regulatory requirements.			
For General Aviation operators only, I also declare that the operations manual contains the policy, procedures and training for the use of T-PEDs.			
Date:			
Name of Flight Operations Manager:		Signature of Flight Operations Manager:	



FOR CAA USE ONLY

5. COMMENTS & RECOMMENDATION

(if not recommended provide reasons)

6. CAA ACTION

Action:	Name:	Signature:	Date:
OPS Inspector Recommendation:			
HOPS Approval:			
Ops Specs/Specific Approval issued:			
Applicant notified:			
Documentation & Filing Action			



APPENDIX

CHECKLIST

Using the guidance material in CAP 35, this checklist must be completed on initial application for use of a T-PED (all operators) and for subsequent changes for commercial air transport operators.

Subject	Operator's Reference in Manual(s)
Policy	
Types of devices accepted	
Restrictions/prohibitions of T-PED passenger use	
Restrictions/prohibitions of T-PED crew use	
Specific considerations	
Stowage and securing of devices	
Charging of a PED	
Passenger Briefing	
Summary of operator policy	
Overview of devices allowed	
Times when devices may and may not be used	
Special instructions	
Proper stowing and securing of devices	
Stowage locations	
Prohibited types of PEDs	
Safety Briefing Cards (<i>if applicable</i>)	
Training	
Initial/Recurrent	
Normal procedures	
Abnormal and Emergency procedures	
Safety Management System	
Specific PED & T-PED risk assessment process	
Identification of PED/T-PED hazards	
Mitigating measures	
Monitoring & Safety Assurance	
Interference handling	
Reporting	