



**REPUBLIC OF SAN MARINO  
CIVIL AVIATION AUTHORITY**

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*APPLICATION FOR USER APPROVAL TO USE SATCOM WIRELESS AIRCRAFT SYSTEM (CAT)*

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

<b>1. DETAILS OF AIRCRAFT OPERATOR</b>			
Name of Operator:			
Address:			
Point of contact (Name/Title):			
Telephone No:		Email:	
<b>2. DETAILS OF AIRCRAFT</b>			
Registration Mark:	T7-		
Manufacturer's Designation of Aircraft:			
Serial Number:			
Manufacturer of Aircraft:			
<b>3. DETAILS OF INSTALLED SATCOM/WIRELESS AIRCRAFT SYSTEM</b>			
System Manufacturer:			
System Model:			
STC/Approval Reference/Basis of Approval:			
SMCAA Modification Number <i>(if applicable):</i>			
<b>4. SUPPORTING DOCUMENTATION <i>(required to be submitted with application)</i></b>			<i>(tick)</i>
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>(See Appendix checklist for required items.)</i>			<input type="checkbox"/>
Use Policy and Procedures <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"/>
<b>5. APPLICANTS DECLARATION</b>			
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.			
Date:			
Name of Flight Operations Postholder:		Signature of Flight Operations Postholder:	



APPENDIX

COMPLIANCE CHECKLIST

Using the guidance material in CAP 35, this compliance checklist must be completed on initial application for use of a SATCOM/Wireless Aircraft System and for subsequent changes.

Subject	Operator's Reference in Manual(s)
<b>Policy</b>	
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	
<b>Passenger Briefing</b>	
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> )	
<b>Training</b>	
Initial/Recurrent	
Normal procedures	
Abnormal and Emergency procedures	
<b>Safety Management System</b>	
Specific PED & T-PED risk assessment process	
Identification of PED/T-PED hazards	
Mitigating measures	
<b>Monitoring &amp; Safety Assurance</b>	
Interference handling	
Reporting	