



**REPUBLIC of SAN MARINO  
CIVIL AVIATION AUTHORITY**

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*APPLICATION FOR ACCEPTANCE OF A CAR 145 SAFETY MANAGEMENT SYSTEM MANUAL*

This form is used for the CAA initial acceptance and subsequent amendments of a Safety Management System Manual.

| <b>1. DETAILS OF APPLICANT</b>   |                                  |   |  |
|--|----------------------------------|---|--|
| Type of Application:   | <input type="checkbox"/> Initial | <input type="checkbox"/> Amendment/Revision |  |
| Name of the Maintenance Organisation:  |                                  |   |  |
| San Marino CAR 145 Approval Number:  |                                  |   |  |
| Company Address:   |                                  |   |  |
| Telephone no.:   |                                  | Fax No.:                                    |  |
| Email:   |                                  |   |  |
| <b>2. SMS MANUAL DETAILS</b>   |                                  |   |  |
| <i>Write the Title, document reference numbers and revision details</i>                                      |                                  |   |  |
| Title:   |                                  | Reference No.:                              |  |
| Revision Status:   |                                  | Date of Issue:                              |  |
| <b>3. SUMMARY OF REVISIONS IF THE APPLICATION IS FOR AN AMENDMENT TO THE SAFETY MANAGEMENT SYSTEM MANUAL</b> |                                  |   |  |
| <i>Write N/A if the application is for the initial acceptance</i>  |                                  |   |  |
|  |                                  |   |  |
| (Continue on a separate sheet if necessary)  |                                  |   |  |
| <b>4. APPLICATION BY THE MAINTENANCE ORGANISATION</b>  |                                  |   |  |
| Date:  |                                  |   |  |
| Name of Accountable Manager:   |                                  | Signature of Accountable Manager:           |  |
| <b>5. CAA SMR USE ONLY</b>   |                                  |   |  |
| <b>Airworthiness Inspector recommending acceptance:</b>  |                                  |   |  |
| Date:  |                                  | Designation No.:                            |  |
| Name of Airworthiness Inspector:   |                                  | Signature of Airworthiness Inspector:       |  |

**SAN MARINO CAA ACCEPTANCE**

Date:

Accepted by (Name):

Signature and stamp: