



**REPUBLIC of SAN MARINO
CIVIL AVIATION AUTHORITY**

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APPLICATION FOR DESIGNATED AIRSPACE APPROVAL (COMMERCIAL AIR TRANSPORT)

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

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| <input type="checkbox"/> RNAV 10 (RNP 10) <input type="checkbox"/> RNAV 5 (B-RNAV) <input type="checkbox"/> RNAV 2 <input type="checkbox"/> RNAV 1 (P-RNAV) <input type="checkbox"/> RNP 4 <input type="checkbox"/> RNP 2 <input type="checkbox"/> RNP 1 <input type="checkbox"/> RNP APCH <input type="checkbox"/> RNP AR APCH <input type="checkbox"/> RNP 0.3 <input type="checkbox"/> NAT HLA <input type="checkbox"/> RVSM |
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1. AIRCRAFT DETAILS

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|---|-----|
| Registration Mark: | T7- |
| Manufacturer's Designation of Aircraft: | |
| Serial Number: | |

2. DETAILS OF AIRCRAFT OPERATOR

| | | | |
|------------------------|--|--------|--|
| Name of Operator: | | | |
| Nominated Coordinator: | | | |
| Telephone No.: | | Email: | |

3. SUPPORTING DOCUMENTATION *tick if attached*

| | | |
|---|---|--------------------------|
| Proof of required equipment & RNAV and/or RVSM capability | Letter(s) from manufacturer attesting compliance OR Type Certificate Aircraft Flight Manual (AFM) or Supplemental Type Certificate (STC) | <input type="checkbox"/> |
| MEL | Reference or proposed amendment | <input type="checkbox"/> |
| Previous RVSM approval | (if applicable) | <input type="checkbox"/> |
| Adequacy of maintenance support | Attestation from maintenance organisation | <input type="checkbox"/> |
| Operations Manual (SOPs) | OMA reference or proposed amendment | <input type="checkbox"/> |
| Aircraft checklists (e.g. QRH) | OMB reference or proposed amendment | <input type="checkbox"/> |
| Provision of information | OMC reference or proposed amendment | <input type="checkbox"/> |
| Training - Pilot | OMD reference or proposed amendment | <input type="checkbox"/> |
| Navigation data base control | Document reference (<i>if applicable</i>) | <input type="checkbox"/> |

4. APPLICANTS DECLARATION

The undersigned certifies that the above information to be correct and that the aircraft systems installation, continuing airworthiness of systems, minimum equipment for dispatch, operating procedures and flight crew training comply with CAR OPS 1/3 (*as applicable*).

| | | | |
|---------------------------------------|--|--|--|
| Date: | | | |
| Name of Flight Operations Postholder: | | Signature of Flight Operations Postholder: | |