



REPUBLIC of SAN MARINO
CIVIL AVIATION AUTHORITY

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APPLICATION FOR DESIGNATED AIRSPACE APPROVAL (GENERAL AVIATION)

<input type="checkbox"/> RNAV 1 (P-RNAV), RNP 1 & RNAV 2	<input type="checkbox"/> RNP 4	<input type="checkbox"/> RNAV 5 (B-RNAV)	<input type="checkbox"/> RNAV/RNP 10
<input type="checkbox"/> RNP APCH	<input type="checkbox"/> RNP AR APCH	<input type="checkbox"/> NAT HLA	<input type="checkbox"/> RVSM

1. AIRCRAFT DETAILS

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

<input type="checkbox"/> 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	References or proposed amendment
<input type="checkbox"/> Previous airspace/RVSM approval	<i>(submit with application if available)</i>
<input type="checkbox"/> Operations Manual section	For RNP APCH or RNP AR APCH only

4. DECLARATION OF COMPLIANCE

tick

Operations Manual (SOPs)	Procedures included	<input type="checkbox"/>
Aircraft checklists (e.g. QRH)	Checklists adequate	<input type="checkbox"/>
Adequacy of maintenance	Determined to be acceptable	<input type="checkbox"/>
Training - Pilot	Conducted to formal syllabus for initial/recurrent	<input type="checkbox"/>
Navigation data base	Controlled and documented <i>(if applicable)</i>	<input type="checkbox"/>
Provision of information	Charts, publications & NOTAMs etc. are adequate	<input type="checkbox"/>

5. APPLICANTS DECLARATION

The undersigned certifies that the above items ticked indicate that the aeroplane systems installation, continuing airworthiness of systems, minimum equipment for dispatch, operating procedures and flight crew training comply with CAR OPS 2.

Date:			
Name of Flight Operations Manager:		Signature of Flight Operations Manager:	