



REPUBLIC of SAN MARINO
CIVIL AVIATION AUTHORITY

TEL: +378 (0549) 882929 | FAX: +378 (0549) 882928 | EMAIL: operations@caa-mna.sm

APPLICATION FOR A CHANGE IN NOMINATED AIRWORTHINESS COORDINATOR

1. GENERAL DETAILS			
Name of Operator:			
Registration Mark:			
Serial Number:			
Manufacturer's Designation of aircraft:			
2. DETAILS OF THE NOMINATED AIRWORTHINESS COORDINATOR			
a. Previous Airworthiness Coordinator Name:			
b. New Nominated Airworthiness Coordinator Name:			
Telephone No.:		Mobile No.:	
Email:		Fax No.:	
3. DECLARATION OF THE OPERATOR			
As a designated representative of the Operator of the aircraft I confirm that the nominated Airworthiness Coordinator in Section 2b has been determined to be competent to undertake the tasks and fulfill the associated responsibilities.			
Date:		Position:	
Name:		Signature:	
4. DECLARATION BY NEW AIRWORTHINESS COORDINATOR			
I have read and understand the obligations and responsibilities of the Airworthiness Coordinator as defined in CAR OPS 2.601, CAR AIR Subpart B and CAP 02 and agree to notify the CAA if I cease to be the Airworthiness Coordinator for this aircraft.			
Date:			
Name of Airworthiness Coordinator:		Signature of Airworthiness Coordinator:	