



REPUBLIC of SAN MARINO
CIVIL AVIATION AUTHORITY

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

*APPLICATION FOR 30-DAY
MASTER MINIMUM EQUIPMENT LIST (MMEL) APPROVAL*

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

1. GENERAL DETAILS

Registration Mark:	T7-		
Manufacturer's Designation of Aircraft:			
Serial Number:			
Type Certificate Data Sheet (TCDS) to which the aircraft conforms:	<input type="checkbox"/> FAA <input type="checkbox"/> EASA <input type="checkbox"/> TC <input type="checkbox"/> ANAC		
Source MMEL:	Title:		
	Revision Status:		Date:

2. DETAILS OF AIRCRAFT OPERATOR

Name of Operator:	
Telephone No.(s):	
Email:	

3. SUPPORTING DOCUMENTATION

(1) MMEL (*latest amendment to be provided electronically*)

4. APPLICANTS DECLARATION

The MMEL submitted complies with the aircraft TC holder TCDS, and will be used in conjunction with the CAR OPS 2 equipment requirements when reference to National Regulations is made in the MMEL.

Date:		Position:	
Name of Applicant:		Signature of Applicant:	