



REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY

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

AOC PRE-ASSESSMENT STATEMENT

1. APPLICANT DETAILS (<i>Owner or Operator</i>)			
Company Name:			Trading name:
Telephone No.:			Email:
2. PRINCIPAL PLACE OF BUSINESS IN SAN MARINO (<i>if available</i>)			
Address:			
Telephone No.:			Email:
3. PROPOSED KEY PERSONNEL MANAGEMENT			
Name	Title		Contact Numbers
	Accountable Manager		
	Flight Operations Postholder		
	Continuing Airworthiness Postholder		
	Crew Training Postholder		
	Ground Operations Postholder		
	Quality Manager		
	Safety Manager		
4. PROPOSALS (<i>use other side for additional information if required</i>)			
Start-up Date:			
Maintenance:	<input type="checkbox"/> Operator AMO	<input type="checkbox"/> Outsourced AMO	<input type="checkbox"/> Other
Category of aircraft:	<input type="checkbox"/> Aeroplane	<input type="checkbox"/> Helicopter	<input type="checkbox"/> Other
Aircraft type designation:	1.	2.	3.
Requested Registration:	T7-	T7-	T7-
Type of operation:	<input type="checkbox"/> Passenger & Cargo <input type="checkbox"/> Cargo only <input type="checkbox"/> Scheduled <input type="checkbox"/> Charter		
Specific approvals:	<input type="checkbox"/> RVSM <input type="checkbox"/> EDTO <input type="checkbox"/> NAT HLA <input type="checkbox"/> EFB <input type="checkbox"/> AWO		
Geographic areas/routes:			
5. APPLICANTS DECLARATION			
I hereby declare that, to the best of my knowledge and belief, the information given in this application is true.			
Date:	Position held:		
Name of Applicant:	Signature of Applicant:		