



REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY

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

APPLICATION FOR AIR OPERATING LICENCE

Please complete this form electronically or in block capitals using black ink.

1. APPLICANT DETAILS (Owner or Operator)			
Company Name:		Trading name:	
Telephone No.:		Email:	
2. PRINCIPAL PLACE OF BUSINESS IN SAN MARINO			
Address:			
Telephone No.:		Email:	
3. PROPOSED AIRCRAFT			
Manufacturer	Designation type	Number of aircraft	Leased (Yes/No)
4. TYPE OF OPERATION			
<input type="checkbox"/> Passenger and cargo	<input type="checkbox"/> Cargo only	<input type="checkbox"/> Scheduled operations	<input type="checkbox"/> Charter operations
4. SUPPORTING DOCUMENTATION			
Corporate details	<i>Include registration number, registered address, date and place of incorporation</i>		
Company structure			
Business plan			
Financial arrangements	<i>Evidence of company meeting its actual and potential obligations (for aircraft over 10 tonnes MTOW and/or more than 20 passengers, this means for a period of 24 months and the ability to meet fixed and operational costs for 3 months.)</i>		
Good Repute	<i>Proof of good repute of the persons managing the operations.</i>		
5. APPLICANTS DECLARATION			
I understand that operations may only be conducted in accordance with a valid Air Operator Certificate issued by the San Marino CAA. I hereby apply for the grant of an Air Operating Licence and declare that, to the best of my knowledge and belief, the statements given in this application are true.			
Position in Company:		Date:	
Name of Applicant:		Signature of Applicant:	