



**REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY**

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APPLICATION FOR CPDLC AND/OR ADS APPROVAL

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

1. AIRCRAFT DETAILS			
Registration Mark:	T7-		
Manufacturer's Designation of Aircraft:			
Serial Number:			
Application for:	<input type="checkbox"/> CPDLC	<input type="checkbox"/> ADS-B OUT	<input type="checkbox"/> ADS-C
2. APPLICANT DETAILS			
Operator:			
Nominated Coordinator:			
Telephone No.:		Email:	
3. SUPPORTING DOCUMENTATION			
<input type="checkbox"/> Proof of required equipment	Letter(s) from manufacturer attesting compliance OR Type Certificate Aircraft Flight Manual (AFM) or Supplemental Type Certificate (STC)		
<input type="checkbox"/> MMEL/MEL			
<input type="checkbox"/> Previous CPDLC and/or ADS approvals	<i>(submit with application if applicable)</i>		
<input type="checkbox"/> RNP 4 approval from CAA	<i>(may be required for specific CPDLC airspace)</i>		
<i>Note: An AOC holder must supply the additional supporting documentation as stated in CAP 10</i>			
4. DECLARATION OF COMPLIANCE			tick
Required Instruments & equipment	Installed		<input type="checkbox"/>
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"/>
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 the requirements of the SM CAA.			
Date:			
Name of Flight Operations Manager:		Signature of Flight Operations Manager:	