

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

DECLARATION OF SPECIALISED OPERATIONS

1. APPLICANT DETAILS (Owner or Operator)									
Company Name:						Trading name:			
Telephone No:						Email:			
2. PRINCIPAL	PLACE (OF BUSINES	S (See note 1)						
Address:									
Telephone No:						Email:			
2. ACCOUNTABLE MANAGER									
Name:									
Telephone No.:						Email:			
4. AIRCRAFT OPERATION (use other side for additional information if required) (See note 2)									
Type of Operation:			Commercial Non-Commercial Complex Non-Complex						
Start-up / change date:									
Category of Aircraft:			Aeroplane Helicopter Other, specify						
Registration Mark	Aircraft Designation Type		Serial No.	Main Base	ope	pe(s) of erations e notes 3 - 4)	Organisation responsible for continued airworthiness management (See note 5)		
Specific Approvals required/held: (See note 6)			RVSM EDTO NATHLA EFB AWO						
Permission/Exemptions required: (See note 7)									
Geographic areas/routes:									

Description of speciali operation:	sed								
5. APPLICANTS DECLARATION									
I declare, the management system documentation, including the operations manual comply with the requirements of CAR OPS 1 CAR OPS 2A CAR OPS 2H CAR OPS 3 (select as applicable) and also comply with the requirements of CAR SPO, CAR GEN, CAR 21 and CAR AIR (if applicable for aircraft operated under CAR OPS 2A or CAR OPS 2H).									
☐ I declare, all aircraft operated hold a valid certificate of airworthiness in accordance with CAR AIR or meet the specific airworthiness requirements applicable to aircraft registered in a third country and subject to a lease agreement.									
☐ I declare, all flight crew members hold a licence that has been validated by San Marino and are trained in accordance with the regulations applicable to the state of licence issue.									
☐ I declare, that I will notify to the Authority any changes in circumstances affecting its compliances status as declared to the Authority through this declaration.									
I hereby declare to the authority; that to the best of my knowledge and belief, the particulars given in this application are true in every respect.									
Date:			Position in Company:	ACCOUNTABLE MANAGER					
Name of Applicant:			Signature of Applicant:						

Guidance Notes for the Completion of this Application

- 1. Please insert the principal place of business for the specialised operation.
- 2. If there is insufficient space, please add a separate sheet dated and signed by the Accountable Manager.
- 3. If the aircraft is registered with an AOC holder, specify the AOC number and name of AOC holder if different.
- 4. Specify the type of operation, e.g., agriculture, construction, photography, surveying, observation and patrol, aerial advertisement, inspection and validation flights, calibration flights.
- 5. Insert the name of the organisation or person, address and approval reference (as applicable).
- 6. Attach copies of approvals already held.
- 7. Attach copies of exemption(s)/permission(s) held.