



REPUBLIC of SAN MARINO
CIVIL AVIATION AUTHORITY

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

APPLICATION FOR DESIGNATED AIRSPACE APPROVAL (COMMERCIAL AIR TRANSPORT)

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

☐ RNAV 1 (P-RNAV), RNP 1 & RNAV 2 ☐ RNP 4 ☐ RNAV 5 (B-RNAV) ☐ RNAV/RNP 10
☐ RNP APCH ☐ RNP AR APCH ☐ NAT HLA ☐ RVSM

1. AIRCRAFT DETAILS

Registration Mark:	T7-
Manufacturer's Designation of Aircraft:	
Serial Number:	

2. DETAILS OF AIRCRAFT OPERATOR

Name of Operator:			
Nominated Coordinator:			
Telephone No.:		Email:	

3. SUPPORTING DOCUMENTATION

tick if attached

Proof of required equipment & RNAV and/or RVSM capability	Letter(s) from manufacturer attesting compliance OR Type Certificate Aircraft Flight Manual (AFM) or Supplemental Type Certificate (STC)	<input type="checkbox"/>
MEL	Reference or proposed amendment	<input type="checkbox"/>
Previous airspace/RVSM approval	<i>(if available)</i>	<input type="checkbox"/>
Adequacy of maintenance support	Attestation from maintenance organisation	<input type="checkbox"/>
Operations Manual (SOPs)	OMA reference or proposed amendment	<input type="checkbox"/>
Aircraft checklists (e.g. QRH)	OMB reference or proposed amendment	<input type="checkbox"/>
Provision of information	OMC reference or proposed amendment	<input type="checkbox"/>
Training - Pilot	OMD reference or proposed amendment	<input type="checkbox"/>
Navigation data base control	Document reference <i>(if applicable)</i>	<input type="checkbox"/>

4. APPLICANTS DECLARATION

The undersigned certifies that the above information to be correct and that the aircraft systems installation, continuing airworthiness of systems, minimum equipment for dispatch, operating procedures and flight crew training comply with CAR OPS 1/3 *(as applicable)*.

Date:			
Name of Flight Operations Postholder:		Signature of Flight Operations Postholder:	