



APPLICATION FOR A REPAIR APPROVAL

1. DETAILS OF APPLICANT AND OPERATOR			
Name of applicant:			
Address:			
Telephone no.:		Fax No.:	
Email:			
Aircraft Operator's Name:			
Location of aircraft where repair will be accomplished: (See Note 1)			
2. DETAILS OF AIRCRAFT			
Registration Mark:	T7-		
Manufacturer's Designation of Aircraft:			
Serial Number:			
Manufacturer of Aircraft:			
3. DETAILS OF REPAIR			
Applicant's Repair Reference:			
Approved Repair Data Reference No.:			
Provide Details Below of the Proposed Repair:			
(Continue on a separate sheet if necessary)			
4. ASSOCIATED REPAIR DATA			

Attach details of any Engineering Orders or other data used to effect the repair together with copies of the O.E.M or foreign Authority approval.

List below the attachments that form part of this application:

(Continue on a separate sheet if necessary)

5. IMPLICATIONS OF THE REPAIR

	YES	NO	Provide Details
Mass and Balance Affected?	<input type="checkbox"/>	<input type="checkbox"/>	
Structural Strenght Affected?	<input type="checkbox"/>	<input type="checkbox"/>	
Performance or Flight Characteristics Affected?	<input type="checkbox"/>	<input type="checkbox"/>	
Engine Operation Affected?	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental Factors affected?	<input type="checkbox"/>	<input type="checkbox"/>	
Any other Airworthiness Implications:	<input type="checkbox"/>	<input type="checkbox"/>	
Are any non Standard Practices Involved:	<input type="checkbox"/>	<input type="checkbox"/>	
Further or Repeat Inspections are required:	<input type="checkbox"/>	<input type="checkbox"/>	
The Repair is a Permanent Repair:	<input type="checkbox"/>	<input type="checkbox"/>	
The Repair is a Temporary Repair:	<input type="checkbox"/>	<input type="checkbox"/>	

6. APPLICANTS DECLARATION

I hereby declare that to the best of my knowledge the particulars entered on this application are accurate in every respect.

After embodiment of this repair the aircraft will remain in compliance with the applicable, San Marino CAA accepted Type Certificate.

I agree to pay all charges in connection with this application in accordance with the current Scheme of Fees.

Date:		Position:	
Name of Applicant:		Signature of Applicant:	

7. CAA SMR USE ONLY			
Date Application is Received:		An inspection of the repair is required by the CAA:	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Repair is classified as: (Tick the applicable box)	<input type="checkbox"/> Minor <input type="checkbox"/> Major	Date of Recommendation:	
Name of Inspector Recommending Approval:		Signature of Inspector Recommending Approval:	
SAN MARINO CAA APPROVAL			
CAA Repair Approval Number:		Date:	
Repair Approved by (name):		Signature:	

Guidance Notes for the Completion of this Application

1. Dependent upon the nature of the damage and complexity of the repair, the CAA may require an inspection of the damage and repair as part of the approval process.
2. The San Marino CAA repair approval number in box 7 must be quoted as approval for the repair and the retained in the aircraft records.
3. Attach pages where the fields on the form are sufficiency to provide the details required.