



REPUBLIC of SAN MARINO
CIVIL AVIATION AUTHORITY

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

APPLICATION FOR STEEP APPROACH APPROVAL (GA OPERATOR)

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

1. AIRCRAFT DETAILS			
Registration Mark:	T7-		
Type/Model Designation:			
Serial Number:			
2. APPLICANT DETAILS			
Operator:			
Nominated Coordinator:			
Telephone No.:		Email:	
3. SUPPORTING DOCUMENTATION			
<input type="checkbox"/> Proof of required equipment	Type Certificate or Supplemental Type Certificate (STC) Aircraft Flight Manual (AFM) or Supplement		
<input type="checkbox"/> MEL	Reference or proposed MEL amendment		
<input type="checkbox"/> Previous steep approach approval	<i>(submit with application if available)</i>		
<input type="checkbox"/> Operations Manual	Procedures and training section for steep approaches		
<input type="checkbox"/> Airport 4 letter ICAO Code	Submit current approach charts		
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(s)	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 CAR OPS 2.			
Date:			
Name of Person responsible for Operations:		Signature of Person responsible for Operations:	