

Application for PBN operations approval

Completion of form: Each relevant box should be completed with a tick (✓) or a (X). Where form must be completed by referring to a document of applicant's documentation system, add manual reference, chapter and sub-chapter. Please ensure all applicable areas are completed.

1. GENERAL

General Information				
Applicant Name and Address:		Tel./Fax/e-mail:		Contact Person Name/Tel./Fax/e-mail:
Aeroplane Registration	Aeroplane Manufacturer	Aeroplane Type Designation / Model Designation	Aeroplane Serial No.	Aeroplane Mode S Address (Hexadecimal)
7. Aircraft Area of Operation:				

Scope of Application	Airworthiness and operational approval in accordance with	Yes	No
RNAV 10	AMC 20-12	<input type="checkbox"/>	<input type="checkbox"/>
RNP 4	ICAO DOC 9613	<input type="checkbox"/>	<input type="checkbox"/>
RNAV 5	AMC 20-4	<input type="checkbox"/>	<input type="checkbox"/>
RNAV 2	ICAO DOC 9613	<input type="checkbox"/>	<input type="checkbox"/>
RNAV 1 (P-RNAV)	TGL-10	<input type="checkbox"/>	<input type="checkbox"/>
BASIC-RNP 1	ICAO DOC 9613	<input type="checkbox"/>	<input type="checkbox"/>
RNP APCH (LNAV&LNAV/VNAV)	AMC 20-27	<input type="checkbox"/>	<input type="checkbox"/>
RNP APCH (LPV)	AMC 20-28	<input type="checkbox"/>	<input type="checkbox"/>
RNP AR APCH	AMC 20-26	<input type="checkbox"/>	<input type="checkbox"/>
NAT MNPS	ICAO DOC 7030	<input type="checkbox"/>	<input type="checkbox"/>

2. AIRWORTHINESS

Type design approval for referenced aeroplane type designation				
1. The PBN type design approval is reflected in: <input type="checkbox"/> AFM or POH <input type="checkbox"/> AFM Supplements <input type="checkbox"/> Type Certificate Data Sheet-TCDS <input type="checkbox"/> Supplemental Type Certificate-STC <input type="checkbox"/> Other: _____				
Navigation system eligibility for referenced aeroplane serial number		Yes	No	
2. Navigation system manufacturer / model installed (e.g. Flight management system-FMS)				
1 st Make: _____	Model: _____	ETSO: _____	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Make: _____	Model: _____	ETSO: _____		
3 rd Make: _____	Model: _____	ETSO: _____		
Database integrity		Yes	No	
3. The navigation database is obtained from a supplier holding an EASA or FAA type 2 Letter of Acceptance (LOA), if applicable.		<input type="checkbox"/>	<input type="checkbox"/>	
Minimum Equipment List-MEL		Yes	No	
4. Has the relevant parts of the MEL been revised to reflect system requirements for intended PBN.		<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance programme-MP		Yes	No	
5. The applicant should have an established Maintenance Programme that contains all P-RNAV related maintenance requirements prescribed by the manufacturer or design organisation.		<input type="checkbox"/>	<input type="checkbox"/>	
Maintenance practices and procedures for operator with a maintenance organisation				
Depending on the type of the equipment the Applicant should establish the following procedures either as new procedures or as part of existing procedures:		Procedures are described in Maintenance procedures (ref.)		
6. Handling and storage of PBN database files including uploads to aircraft.				
7. Maintenance training (initial and recurrent) of all persons concerned.				
8. Equipment for handling the PBN database (use of, handling, periodic testing, etc.)				
9. Action for non-compliant airplane such as downgrading, tech. log entries, corrective actions, placarding, release to service, monitoring and reporting of repetitive defects, reporting to CAA, etc.)				

3. OPERATION

Operating Practices and Procedures	
<p>The applicant must institute PBN Operating Practices and Procedures. RNAV 10 – in accordance with AMC 20-12, Chapter 4.4 RNP 4 – in accordance with ICAO DOC 9613, Chapter 3.4.3.2 and 3.5 RNAV 5 – in accordance with AMC 20-4, Chapter 5 RNAV 2 - in accordance with ICAO DOC 9613, Chapter 3.4.3.2 and 3.5 RNAV 1 (P-RNAV) – in accordance with TGL-10, Chapter 10.1 till 10.3 BASIC-RNP 1 - in accordance with ICAO DOC 9613, Chapter 3.4.3.2 and 3.5 RNP APCH (LNAV&LNAV/VNAV) – in accordance with AMC 20-27, Chapter 10 and Appendix 4 RNP APCH (LPV) – in accordance with AMC 20-28, Chapter 10 and Appendix 3 RNP AR APCH – in accordance with AMC 20-26, Chapter 10 and Appendix 3 These practices and procedures should cover the following subjects:</p>	<p><i>To be completed by applicant</i> PBN Operating Practices and Procedures are described in (add manual reference, chapter and sub-chapter):</p>
1. Flight planning (verification of aeroplane PBN approval, PBN time limits, ICAO Flight Plan annotations, requirements for GPS (RAIM, FDE), operating restrictions related to PBN approval, etc.).	
2. Pre-flight procedures (review of technical log, external inspection (navigation antennas), use of MEL), verification of NAV database validity, etc.).	
3. En-route procedures (cross checking procedures to identify navigation errors, use of INS/IRS navigation systems without automatic radio navigation updating, use of GPS, minimum navigation and communication systems when entering PBN area, alternate routings, position check before entering PBN area, etc.).	
4. Procedures with respect to flight crew response to abnormal situations (response to non-normal events, notification of ATC of navigation equipment problems, contingency procedures, selection of other navigation aids in case of loss of PBN capability, etc.).	
5. Data base integrity assurance procedures (supplier evaluation, integrity checks (software tools), reporting of discrepancies to suppliers, notification of discrepancies to flight crews, updating process, etc.).	
Flight Crew Training and Qualification	
<p>The applicant is required to establish the following (covering subjects under 3.1 to 3.5):</p>	<p><i>To be completed by applicant</i> Description in (add manual reference, chapter and sub-chapter):</p>
6. Flight crew qualification requirements.	
7. Description of initial and recurrent training, checking and training-syllabi. RNAV 10 – in accordance with AMC 20-12, Chapter 4.4.3 RNP 4 – in accordance with ICAO DOC 9613, Chapter 3.4.3.3 RNAV 5 – in accordance with AMC 20-4, Chapter 5 RNAV 2 - in accordance with ICAO DOC 9613, Chapter 3.4.3.3 RNAV 1 (P-RNAV) – in accordance with TGL-10, Chapter 10.5 BASIC-RNP 1 - in accordance with ICAO DOC 9613, Chapter 3.4.3.3 RNP APCH (LNAV&LNAV/VNAV) – in accordance with AMC 20-27, Chapter 10.2 RNP APCH (LPV) – in accordance with AMC 20-28, Chapter 10.2 RNP AR APCH – in accordance with AMC 20-26, Chapter 10.3	

4. APPLICATION PACKAGE

Documentation to be submitted to the CAA	Submitted?	
	Yes	No
1. Compliance statement which shows how the criteria of AMC 20-12 (RNAV 10), ICAO DOC 9613 (RNP 4, RNAV 2, BASIC-RNP 1), AMC 20-4 (RNAV 5), TGL 10 (RNAV 1 (P-RNAV), AMC 20-27 (RNP APCH (LNAV&LNAV/VNAV)), AMC 20-28 (RNP APCH (LPV) and AMC 20-26 (RNP AR APCH), have been satisfied.	<input type="checkbox"/>	<input type="checkbox"/>
2. Relevant section(s) of the applicable document(s) (e.g. AFM/POH, STC data package, etc.) and other relevant documents that support installation of required system if installed through modification.	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of EASA or FAA type 2 Letter of Acceptance (LOA) of the supplier of the navigation database.	<input type="checkbox"/>	<input type="checkbox"/>
4. Flight crew PBN training programmes and syllabi for initial and recurrent training.	<input type="checkbox"/>	<input type="checkbox"/>
5. Operation manual and checklists that include PBN operating practices and procedures	<input type="checkbox"/>	<input type="checkbox"/>
6. Minimum Equipment List (MEL) that include items pertinent to PBN operations.	<input type="checkbox"/>	<input type="checkbox"/>
7. Maintenance program or revision thereof that includes items pertinent to PBN equipment.	<input type="checkbox"/>	<input type="checkbox"/>

5. APPLICANT'S STATEMENT

The undersigned certifies the above information to be correct and true and that aeroplane system installation, continuing airworthiness of systems, minimum equipment for dispatch, operating procedures and flight crew training comply with the applicable requirements referenced under section "General".

Name of Post Holder Maintenance:	Signature:	Date:
Name of Post Holder Operations:	Signature:	Date:
Name of Post Holder Training:	Signature:	Date:

6. FOR OFFICIAL CAA USE ONLY

Subject	Responsible	Date	Signature
1. AACK/DSF/OPS-FRM-001 and AACK/DSF/OPS FRM-029 and item 4 application package checked for completeness.	OPS		
2. Airworthiness Approval granted (Appendix to Certificate of Airworthiness).	AW		
3. Operational Approval granted (applicant's operating practices, procedures and training programs have been found in compliance with applicable requirements)	OPS		
4. PBN approval process administratively completed (OPS Update, Exchange of Certificates).	OPS		
Withdrawal of PBN Approval			
Reason:			
Name:	Date:	Signature:	