***NOTE:*** *Applicants are strongly advised to read the “PBN Notes for Approval” from “Procedure Manual – PBN Operational Approval”, Part 3 and “Applicant Advisory Pamphlet for PBN Approval”, before completing the form. Please complete the form in* BLOCK CAPITALS *using black or dark blue ink.*

*Please note that a* **minimum** *of 30 working days will normally be required to check the information given below from the accepted date of application (Section 2, point e) – if data is missing or omitted the process may take* **considerably** *longer.*

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| **General Information** *(Section to be completed by the applicant)* | | | | | | | |
| **Operator Name** | |  | | | | | |
|  | * **Application for RNP 4 Operations Approval** | | | * **Intended Date of Operations** | |  | |
|  | **Initial AOC Certification** |  | **AOC Variation** |  | **PBN Initial Request** |  | **PBN Additional Request** |
| * **Operator Contact Details** | | **Name** | | **Phone No.** | | **E-mail** | |
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| **Fleet Details** *(Section to be completed by the applicant)* | | | | | |
| **No.** | **Aircraft type** | **Aircraft series** | **Registration** | **Serial number** | **List Relevant Make and Model of Related Navigation Equipment** |
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| **1** | **Phase one: Pre-application** | **Date** | **Remarks** |
| *(columns to be completed by the applicant)* | |

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| **a** | Applicant making an initial inquiry by letter, phone or fax to CAA RM, and appoints a pre-application meeting |  |  |

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| **b** | **Initial Contact** (pre-application meeting) CAA Certification Commission provide the applicant with: |  |  |
| (1) | Information regarding applicable regulations and means of compliance |
| (2) | Guidance related to the application, application attachments and the approval process |
| i | For AOC initial certification. It will be part of certification process meetings |
| ii | For AOC variation. a meeting with the applicant representative will be set |
| (3) | The Approval Process Form and the items which are necessary to be completed |

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| **2** | **Phase two: Formal application** | **Date** | **Inspectors notes** | |
|  | **YES** | **NO** |

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| **a** | **Applicant making a formal application to CAA RM** |  | □ | □ |

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| **b** | **AOC Initial certification/variation/renewal application form** |  | □ | □ |

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| **c** | **PBN Approval Process Form** |  | □ | □ |

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| **d** | **PBN Application Attachments** |  | □ | □ |

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|  |  | **Indication of inclusion by the operator**  *(column to be completed by applicant)* | **Inspectors notes** | |
| **YES** | **NO** |
| (1) | **Aircraft group.** Statement by the operator as to which group the aircraft/RNP system combinations belong. |  | □ | □ |
| (2) | **Aircraft airworthiness documents showing RNP 4.** Compliance per ICAO PBN Manual, e.g., AFM, AFM Revision, AFM Supplement or Type Certificate Data Sheet (TCDS) showing that aircraft LRNS are RNP 4 eligible |  | □ | □ |
| (3) | **Aircraft Modified To Meet RNP 4 Standards.** Documentation of aircraft inspection and/or modification. If applicable, maintenance records documenting installation or modification of aircraft/LRNS |  | □ | □ |
| (3) | **Maintenance program** |  | □ | □ |
| (a) | For aircraft with established LRNS maintenance practices, provide list of document or program references. |  | □ | □ |
| (b) | For newly installed LRNS, provide LRNS maintenance practices for review. |  | □ | □ |
| (4) | **Minimum equipment list (MEL) if applicable.** Showing provisions for LRNS. |  | □ | □ |
| (5) | **Navigation database.** Details of the validation program and procedures. |  | □ | □ |
| (6) | **Training.** Training program for flight crews, flight dispatchers, and maintenance personnel asapplicable. |  | □ | □ |
| (7) | **Operating policies and procedures** including relevant section of Operations Manuals and checklists attached to the application, applicable to RNP 4 . |  | □ | □ |
| (8) | **Validation flight plan.** As required. |  |  |  |

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| **e** | **Head of Flight Operation Division & Head of Airworthiness Division appoints approval team which consists of:** *(to be completed only by CAA)* | |  |  |
| (1) | PBN approval team members name: | |
| (a) |  | Flight Operation Inspector – Project manager |
| (b) |  | Flight Operations Inspector – PBN specialist (if necessary) |
| (c) |  | Airworthiness inspector |
| (2) | Approval team review of the applicant PBN approval application form | |  |  |
| (3) | Approval team appoints a date for formal application meeting and inform the applicant and Certification Commission | |  |  |

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| **f** | **Formal application meeting** *(to be completed only by CAA)* | | | | | |  | |  |
| (1) | Objective. the reception of PBN approval application attachments, review the approval process and establish a common understanding on the future procedure for the approval process | | | | | | |  |
| (2) | Attendees: | | | | | | |
| (a) | Certification team | | | | | | |
| (b) | Applicant post holders (Flight operations, Crew training & Maintenance system) or their permanent approval representative | | | | | | |
| (3) | The formal application, application attachments and approval process form are: | | | | | | | |
| (a) |  | Accepted | |  | Rejected | | | Date |
| (b) | Team Leader name: | |  | | Signature : |  | |  |  |

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| **3** | **Phase three: Documents Evaluation** | **ICAO Doc 9613**  **Vol. II Part C 1** | **Operator Documents Reference**  *(column to be completed by the applicant)* | | **AW Inspector notes**  *(column to be completed by the AW inspector)* | | |
| **3a** | **Airworthiness Division Documents Evaluation** | | | Compliance | | Non-compl. | Remarks |

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| **a** | **Aircraft eligibility** | 1.3.2.2 |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (1) | **Eligibility Group 1** - RNP Certification | 1.3.2.2.2 a) |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (2) | **Eligibility Group 2** - Prior Navigation System Certification | 1.3.2.2.2 b) |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (a) | Aircraft fitted with GNSS only: | 1.3.2.2.2 b) i) |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (i) | Approved long-range navigation systems for oceanic and remote airspace (with FDE) | 1.3.2.2.2 b) i) |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (ii) | Approved dispatch FDE availability program | 1.3.2.2.2 b) i) |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (b) | Multi-sensor Systems Integrating GNSS with integrity provided by RAIM | 1.3.2.2.2 b) ii) |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (c) | Multi-sensor Systems Integrating GNSS with integrity provided by AAIM | 1.3.2.2.2 b) iii) |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (3) | **Eligibility Group 3** – New Technology | 1.3.2.2.2 c) |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (4) | Requirement for at least dual Long Range Navigation System equipage including GNSS | 1.3.3 |  | □ C | □ NC | □ R #\_\_\_\_\_ |

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| **b** | **Functional requirements** | 1.3.3.6  1.3.3.7 |  | □ C | □ NC | □ R #\_\_\_\_\_ |

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| **c** | **Maintenance program.** Document references for RNP 4 maintenance practices. | 1.3.2.3.5 |  | □ C | □ NC | □ R #\_\_\_\_\_ |

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| **d** | **Remark No.** | **Airworthiness Inspector Remarks** *(section to be completed by AW Inspector)* |
| (a) | R #\_\_\_\_\_ |  |
| (b) | R #\_\_\_\_\_ |  |
| (c) | R #\_\_\_\_\_ |  |
| (d) | R #\_\_\_\_\_ |  |
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| (v) | R #\_\_\_\_\_ |  |

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| **e** | Airworthiness Division letter declaring that, the applicant **meets** or **does not**, airworthiness requirements for RNP 4 approval *(section to be completed by AW Inspector)* | | | | | |
| (b) | AW Inspector name: |  | Signature : |  | Date: |  |

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| **3** | **Phase three: Documents Evaluation** *(continue)* | **ICAO Doc 9613**  **Vol. II Part C 1** | **Operator Documents Reference**  *(column to be completed by the applicant)* | **OPS Inspector notes**  *(column to be completed by the OPS inspector)* | | |
| **3b** | **Flight Operation Division Documents Evaluation** | | | Compliance | Non-compl. | Remarks |

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| **a** | **Minimum Equipment List (MEL)** update | 1.3.2.3.4 |  | □ C | □ NC | □ R #\_\_\_\_\_ |

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| **b** | **Navigation database** | 1.3.6 |  | □ C | □ NC | □ R #\_\_\_\_\_ |

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| **c** | **Training program** | 1.3.2.3.2  1.3.5 |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (1) | Flight crews | 1.3.5 |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (2) | Flight dispatchers | AMC-FD 4.4.3 |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (3) | Maintenance personnel | Refer to AW |  | □ C | □ NC | □ R #\_\_\_\_\_ |

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| **d** | **Procedures and Policies for RNP 4Operations** | 1.3.4 |  | □ C | □ NC | □ R #\_\_\_\_\_ |

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| **(1)** | **Flight planning** | 1.3.4.2 |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (a) | Verify that the aircraft is approved for RNP 4 operations. | 1.3.4.1 |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (b) | Verify that the navigation database current is current | 1.3.4.2.1 |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (c) | Verify the availability of FDE. | 1.3.4.3 |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (d) | Verify the FPL:  “R” should appear in field 10 and PBN/L1 in field 18. | 1.3.4.2.1 |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (e) | Verify equipment conditions:  • review flight technical records;  • confirm that maintenance actions are complete. | 1.3.4.2.2 |  | □ C | □ NC | □ R #\_\_\_\_\_ |

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| **3** | **Phase three: Documents Evaluation** *(continue)* | **ICAO Doc 9613**  **Vol. II Part C 1** | **Operator Documents Reference**  *(column to be completed by the applicant)* | **Inspector Remarks**  *(column to be completed by the OPS inspector)* | | |
| **3b** | **Flight Operation Division Documents Evaluation** *(continue)* | | | Compliance | Non-compl. | Remarks |

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| **(2)** | **En-route** | 1.3.4.4 |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (a) | Both LRNSs must be RNP 4 capable at the oceanic point of entry. | 1.3.4.4.1 |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (b) | Other mandatory navigation cross-checks. | 1.3.4.4.2 |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (c) | ATC notified if unable to comply with the requirements for RNP or of any deviation required for a contingency. | 1.3.4.4.3 |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (d) | Follow route centre line within 2 NM. | 1.3.4.4.4 |  | □ C | □ NC | □ R #\_\_\_\_\_ |

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| **(3)** | **Contingency procedures** | (Doc 4444,  Chapter 15) |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (a) | Inability to comply with ATC clearance due to meteorological conditions, aircraft performance or pressurization failure. | 15.2.1.1 |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (b) | Weather deviation | 15.2.3 |  | □ C | □ NC | □ R #\_\_\_\_\_ |
| (c) | Air-ground communications failure. | 15.3 |  | □ C | □ NC | □ R #\_\_\_\_\_ |

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| **e** | **Remark No.** | **Flight Operation Inspector Remarks** *(section to be completed by OPS Inspector)* |
| (a) | R #\_\_\_\_\_ |  |
| (b) | R #\_\_\_\_\_ |  |
| (c) | R #\_\_\_\_\_ |  |
| (d) | R #\_\_\_\_\_ |  |
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| **f** | Flight Operation Division letter to the applicant, declaring that, the applicant **meets** or **does not**, airworthiness and operational requirements for RNP 4 approval *(section to be completed by OPS Inspector)* | | | | | | |
| (a) | OPS Inspector name: |  | | Signature : |  | Date: |  |
| (b) | Date of receiving corrective actions: | |  | | | | |

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| **4** | **Phase four: Demonstration and inspection** | **Proposed date**  *(column to be completed by the applicant)* | **Accomplished date**  *(column to be completed by the OPS Inspector)* | **Remarks**  *(column to be completed by the OPS Inspector)* |

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| **a** | **Flight Operation Division** | | | |
| (1) | Flight crew training program inspection |  |  |  |
| (2) | Flight crew qualification and training records inspection |  |  |  |
| (3) | Aircraft dispatcher training program inspection |  |  |  |
| (4) | Aircraft dispatcher qualification and training records inspection |  |  |  |
| (5) | Release of Flight/Dispatch Inspection |  |  |  |
| (6) | Validation flight (if necessary) |  |  |  |

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| **b** | **Airworthiness Division** | | | |
| (1) | Refer to Airworthiness team member |  |  |  |

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| **c** | **Operator’s Declaration** *(Section to be completed by the applicant)* | | | |
| The undersigned certify that statements and answers provided in this approval process form and attachments are complete and true to the best of my knowledge and agree that they are to be considered as part of the basis for issuance of PBN approval in accordance with JAR OPS 1 and ICAO Doc. 9613 | | | | |
| **Title** | | **Name Surname** | **Signature** | **Date** |
| **Flight Operations Post Holder** | |  |  |  |
| **Crew Training Post Holder** | |  |  |  |
| **Maintenance System Post Holder** | |  |  |  |
| **Accountable Manager** | |  |  |  |

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| **d** | Flight Operation Division letter to the applicant, declaring that, the applicant **meets and complies** or **does not**, airworthiness and operational requirements for RNP 4 approval *(section to be completed by OPS Inspector)* | | | | | | |
| (a) | OPS Inspector name: |  | | Signature : |  | Date: |  |
| (b) | Date of receiving corrective actions **plan** : | |  | | | | |

**FOR CAA RM USE ONLY**

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| **5** | **Phase five: CAA RM Approval** |

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| **a** | **PBN Approval Report Contents** | |
| (1) | AOC Variation application form | □ |
| (2) | PBN approval process form | □ |
| (3) | Airworthiness Division letter declaring that, the applicant meets airworthiness requirements for RNP 4 approval | □ |
| (4) | Flight Operation Division letter declaring that, the applicant meets and complies with operational and airworthiness requirements for RNP 4 approval | □ |
| (5) | Official report regarding AOC modification | □ |

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| **b** | **Director CAA RM signing** | **Date** |
| (1) | Amendment of the OPS SPECS for RNP 4 approval |  |