# 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.

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|  | 1. **GENERAL** |  |
|  | **General Information** |  |
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| Applicant Name and Address: | Tel/Fax/e-mail: | Contact Person Name/Tel/Fax/e-mail: |
| Airplane Registration | Airplane Manufacturer | Airplane Type Designation/ Model Designation | Airplane Serial No. | Airplane Mode S Address (Hexadecimal) |
| Aircraft Area of Operation |

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| **Scope of Application** | **Airworthiness and operational approval in accordance with** | Yes | No |
| RNAV 10 | AMC 20-12 | □ | □ |
| RNP 4 | ICAO DOC 9613 | □ | □ |
| RNAV 2 | ICAO DOC 9613 | □ | □ |
| RNAV 1 (P-RNAV)  | TGL-10  | □ | □ |

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| BASC-RNP 1 | ICAO DOC 9613 | □ | □ |
| RNP APCH (LNAV&LNAV/VNAV) | AMC 20-27 | □ | □ |
| RNP APCH (LPV) | AMC 20-28 | □ | □ |
| RNP AR APCH | AMC 20-26 | □ | □ |
| NAT MNPS | ICAO DOC 7030 | □ | □ |

# 2. AIRWORTHINESS

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| **Type design approval for referenced airplane type designation** |
| 1.The PBN type design approval is reflected in:* AFM or POH □ AFM Supplements □

Type Certificate Data Sheet-TCDS* Supplemental Type Certificate-STC □ Other:
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| **State primary sensor for requested PBN specifications** |
| 1. □ GNSS
	* DME/DME
	* VOR/DME
	* DME/DME/IRU
	* IRU
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| **Navigation system eligibility for referenced airplane serial number** | **Ye s** | **No** |

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| 1. Navigation system manufacturer / model installed (e.g. Flight management system-FMS)
	1. st Make: Model: ETSO:
	2. nd Make: Model: ETSO:
	3. rd Make: Model: ETSO:
 | □ | □ |
| **Database Integrity** | **Ye s** | **No** |
| 4.The navigation database is obtained from a supplier holding an EASA or FAA type 2 Letter of Acceptance (LOA), if applicable | □ | □ |
| **Minimum Equipment List-MEL** | **Ye s** | **No** |
| 5.Has the relevant parts of the MEL been revised to reflect system requirements for intended PBN | □ | □ |
| **Maintenance program-MP** | **Ye s** | **No** |
| 6.The applicant should have an established Maintenance Program that contains all P-RNAV related maintenance requirements prescribed by the manufacturer or design organization. | □ | □ |
| **Maintenance practices and procedures for operator with a maintenance organization** |
| 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.) |
| 7.Handling and storage of PBN database files including updates to aircraft. |  |
| 8.Maintenance training (initial and recurrent) of all persons concerned. |  |

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| 9.Equipment for handling the PBN database (use of, handling, periodic testing, etc.) |  |
| 10.Action for non-compliant airplane such as downgrading, tech.log entries, corrective actions, placarding, release to service, monitoring and reporting defects, reporting to ACAA, etc.) |  |

# 3.OPERATION

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| **Operating Practices and Procedures** |
| The applicant must institute PBN Operating Practices and Procedures. RNAV 10 – In accordance with AMC 20 – 12, Chapter 4.4RNP 4 - in accordance with ICAO DOC 9613, Chapter 3.4.3.2 and 3.5RNAV 5 – in accordance with AMC 20 – 4, Chapter 5RNAV 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 10.3BASIC – RNP 1 - in accordance with ICAO DOC 9613, Chapter 3.4.3.2 and 3.5RNP APCH (LNAV&LNAV/VNAV) – in accordance with AMC 20 – 27, Chapter 10 and Appendix 4RNP 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: | *To be completed by applicant* PBN Operating Practices and Procedures aredescribed in (add manual reference, chapter and sub- chapter): |
| 1. Flight planning (verification of airplane PBN approval, PBN time limits, ICAO Flight Plan annotations, requirements for GPS (RAM, FDE), operating restrictions related to PBN approval, etc.). |  |
| 2. Pre – flight procedures (review of tech 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.).  |  |

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| 4. Prior to Commencing the Procedure the flight crew must verify the correctness of the loaded procedure by comparison with appropriate approach charts. This check must include the waypoint sequence, reasonableness of tracks and distances of the approach legs, the vertical path angle, etc……..(as applicable) |  |
| 5. During the Procedure: final approach trajectory, approach mode integrity 2 NM before the FAF, for APV BARO – VNAV operation altimeter check, consistency between the VNAV guidance and the primary altimeters indications, etc. …. (as applicable) |  |
| 6. Procedures with respect to flight crew response to abnormal situations (response to non-normal events, notifications of ATC of navigation equipment problems, contingency procedures, selection of other navigation aids in case of loss of PBN capability, etc.). |  |
| 7. Date 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** |
| The applicant is required to establish the following (covering subjects under 3.1 to 3.5): | *To be completed by applicant* Description in (add manual reference, chapter and sub- chapter): |
| 8. Flight crew qualification requirements. |  |
|  9. 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 5RNAV 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 3.4.3.3RNP APCH (LNAV&LNAV/VNAV) – in accordance with AMC 20-27, Chapter 10.2RNP APCH (LPV) – in accordance with AMC 20-28, Chapter 10.2 RNP AR APCH – in accordance with AMC 20-26, Chapter 10.3 |  |

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| **Documentation to be submitted to the ACAA** | *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. | □ | □ |
| 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 trough modification. | □ | □ |
| 3. Copy of EASA or FAA type 2 Letter of Acceptance (LOA) of the supplier of the navigation database. | □ | □ |
| 4. Flight crew PBN training programs and syllabi for initial and recurrent training. | □ | □ |
| 5. Operation manual and checklists that include PBN operating practices and procedures | □ | □ |
| 6. Minimum Equipment List (MEL) that include items pertinent to PBN operations. | □ | □ |
| 7. Maintenance program or revision thereof that includes items pertinent to PBN equipment. | □ | □ |

1. **APPLICATION PACKAGE**
2. **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:

1. **FOR OFFICIAL ACAA USE ONLY**

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|  | **Responsible** | **Date** | **Signature:** |
|  **1. O3-2.FMAN-01.FRM.001 and O3-2.FMAN- 01.FRM.003 and item 4 application package checked for completeness.** | **OPS** |  |  |
| **2. Airworthiness Approval granted (Appendix to Certificate of Airworthiness).** | **AWI** |  |  |
| **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:* |