



APPLICATION FOR THE GRANT OF AREA NAVIGATION (RNAV) OPERATIONS AIRWORTHINESS & OPERATIONAL APPROVAL

| A. APPLICATION INFORMATION: | | | |
|---|------------------------------|--------------------------|------------------------|
| 1. NAME OF THE OPERATOR | 2. PERMANENT ADDRESS | | |
| AOC number | | | |
| 3. TELEPHONE & FAX NUMBERS | 4. PLACE | | |
| B. MANAGEMENT CONTACTS: | | | |
| 1. DIRECTOR FLIGHT OPERATION NAME | | | |
| TEL: | E-MAIL: | | |
| 2. FLIGHT TRAINING MANAGER NAME | | | |
| TEL: | E-MAIL: | | |
| 3. MAINTENANCE MANAGER NAME | | | |
| TEL: | E-MAIL: | | |
| C. AIRCRAFT TO BE OPERATED: | | | |
| 1. AIRCRAFT: | | | |
| a. type, series and mark | | | |
| b. Constructor serial No. | | | |
| c. Maximum total weight authorized (kgs) | | | |
| d. Aircraft Registration(s) | | | |
| 2. RNAV EQUIPMENT FITTED: List all RNAV fitted type. (Attach separate sheets if required). | | | |
| a. Type | | | |
| b. Number of equipment in each aircraft | | | |
| c. Supplement all type Certificate (STC) No. | | | |
| D. SCOPE OF APPLICATION: | | | |
| ADD | NAVIGATION RELATED APPROVALS | ADD | SPECIAL AREA APPROVALS |
| <input type="checkbox"/> | 1. RNAV 10 (RNP 10) | <input type="checkbox"/> | 6. RNP 1 |
| <input type="checkbox"/> | 2. RNAV 5 | <input type="checkbox"/> | 7. RNP APRCH |
| <input type="checkbox"/> | 3. RNAV 1 AND RNAV 2 | <input type="checkbox"/> | 8. RNP 0.3 |
| <input type="checkbox"/> | 4. RNP 4 | <input type="checkbox"/> | 9. RNP AR APCH |
| <input type="checkbox"/> | 5. RNP 2 | | |
| <input type="checkbox"/> | | <input type="checkbox"/> | 1. NAT/MNPS |
| | | <input type="checkbox"/> | 2. OTHERS |

| E. ADDITIONAL APPLICATION ATTACHEMENTS: | | |
|---|---|---|
| <input type="checkbox"/> 1. PBN Conformance Checklist | <input type="checkbox"/> 5. MEL (with PBN adaptation) | <input type="checkbox"/> 9. Modification approval docs |
| <input type="checkbox"/> 2. AFM (or AFM Supplement) | <input type="checkbox"/> 6. Relevant Maintenance Programs | <input type="checkbox"/> 10. Database Supplier Approval |



| | | |
|--|---|--|
| <input type="checkbox"/> 3. Relevant Ops Manuals | <input type="checkbox"/> 7. Related Maintenance Proc. | <input type="checkbox"/> 11. Supporting documents specified in the specific CAP under "Supporting Documents" |
| <input type="checkbox"/> 4. PBN Crew Training Programs | <input type="checkbox"/> 8. Database Integrity Proc. | |

F. Supporting documents (please provide the documents specified in CAP 27)

G. ADDITIONAL INFORMATION PERTINENT TO THIS APPLICATION:

This space is provided for inclusion of information which could not be inserted in the available category and spaces provided on front of form.

H. APPLICANTS CERTIFICATION:

- (a) The undersigned certify that all statements and answers provided on this application form and as attachments are complete are true to the best of my acknowledge and agree that they are to be considered as the part of the basis for issuance of any PBN Approval.
- (b) I/We undertake to comply with the required Navigation Performance requirements necessary for applied PBN according to ICAO docs 9613 AN/937 within the area applied for.

| | | |
|-------------------------------|-----------|------|
| DIRECTOR OF FLIGHT OPERATIONS | SIGNATURE | DATE |
| FLIGHT TRAINING MANAGER | SIGNATURE | DATE |
| QUALITY MANAGER | SIGNATURE | DATE |

I. BCAA CERTIFICATION

Approved Not Approved

REMARKS:



| | | |
|----------------------------------|----------------------------------|------|
| <input type="checkbox"/> INITIAL | <input type="checkbox"/> RENEWAL | |
| 3. OPERATIONS INSPECTOR NAME | SIGNATURE | DATE |
| 4. AIRWORTHINESS INSPECTOR NAME | SIGNATURE | DATE |



CONFORMANCE CHECKLIST FOR PERFORMANCE BASED NAVIGATION APPROVAL

| A- ORGANIZATION DETAILS | | | |
|-------------------------|--|-----------|--|
| Operator | | AOC No. | |
| Point of contact | | Date | |
| Tele. No. | | E-mail | |
| Fax No. | | Place | |
| Form filled by | | Signature | |

| <i>Tick APP for Applicable or NA for Not Applicable</i> | APP | NA | Manuals reference (chapter, section, paragraph) | Remark |
|--|-----|----|--|--------|
| B - MAINTENANCE DOCUMENTS | | | | |
| Relevant parts of the MEL have been revised to reflect system requirements (redundancy level) appropriate to the intended RNAV operations? | | | | |
| Proposed maintenance program included all RNAV related maintenance requirements prescribed by manufacturer or design organization? | | | | |
| C - RNAV MAINTENANCE PROCEDURES | | | | |
| Procedure for handling and storage of RNAV data base files including uploads to the aircraft | | | | |
| Procedure for operating equipment's for the handling RNAV database (use of handling and periodic testing)? | | | | |
| Procedure for downgrading non-compliant aircraft | | | | |
| Procedure for monitoring and reporting repetitive defects | | | | |
| Procedure for reporting to BCAA | | | | |
| D - DATABASE INTEGRITY ASSURANCE PROCEDURES | | | | |
| Operator procedure for NAV database supplier evaluation? | | | | |
| Operator procedure for integrity checks and use of software tools? | | | | |
| Operator procedure for reporting discrepancies to the database supplier? | | | | |



| <i>Tick APP for Applicable or NA for Not Applicable</i> | APP | NA | Manuals reference (chapter, section, paragraph) | Remark |
|---|-----|----|--|--------|
| Operator procedure for notifying flight crews of irregularities with database irregularities with NAV database? | | | | |
| Operator procedure for updating the navigation database? | | | | |
| E - RNAV FLIGHT PLANNING PROCEDURES | | | | |
| Flight crew verification of airplane RNAV/RNP approvals? | | | | |
| Flight crew verification of airplane RNAV/RNP time limits? | | | | |
| Flight crew verification of applicable requirements for GPS (RAIM, FDE)? | | | | |
| Flight crew reviews operating restrictions related to RNAV/RNP approval? | | | | |
| F - RNAV PREFLIGHT PROCEDURES | | | | |
| Flight crew review of technical log regarding possible RNAV restrictions? | | | | |
| Flight crew external aircraft inspection navigation system antennae's? | | | | |
| If applicable, flight crew uses MEL to assess any maintenance defect that might restrict RNAV operations? | | | | |
| Flight crew verification of NAV database validity/currency? | | | | |
| G - RNAV ENROUTE PROCEDURES | | | | |
| Flight crew cross-check procedure to identify NAV error? | | | | |
| If applicable, flight crew procedure for use of INS/IRS NAV system without automatic radio NAV update? | | | | |
| Flight crew procedure for use of GPS? | | | | |
| Flight crew procedure for Re-assess minimum NAV equipment and communication requirements before entering a defend area of using RNAV? | | | | |
| Flight crew procedures to review possible alternate routings, especially those required by contingency procedures? | | | | |
| Flight crew procedures for positive position check prior to entering the RNAV area? | | | | |
| H - RNAV ABNORMAL PROCEDURE | | | | |
| Abnormal procedure applicable to the type of RNAV equipment and defend airspace? | | | | |
| Flight crew notification of ATC of loss of navigation capability? | | | | |



| <i>Tick APP for Applicable or NA for Not Applicable</i> | APP | NA | Manuals reference (chapter, section, paragraph) | Remark |
|--|-----|----|--|--------|
| Flight crew guidance for contingencies which might be encountered? | | | | |
| Flight crew guidance to reversion to and use other NAV aids in case of RNAV failure? | | | | |
| I - RNAV FLIGHT CREW TRAINING | | | | |
| Qualification required for flight crew for RNAV operations? | | | | |
| Training programme required for initial and recurrent for flight crew task and decisions in RNAV operations? | | | | |
| Flight crew training curriculum which include RNAV training modules with subject elements and minimum events? | | | | |
| Procedure for RNAV qualification under supervision of BCAA designated representative or qualified crew member as applicable? | | | | |
| Procedure for re-establishing flight crew RNAV qualification /currency after a defined period of in-activity? | | | | |
| J - RNAV GROUND TRAINING PERSONNAL | | | | |
| Qualification requirements for flight despatchers and other person supporting RNAV operations? | | | | |
| Training programme for ground staff required for initial and recurrent training for task supporting RNAV operations? | | | | |
| Training curriculum for ground staff which include RNAV training modules with subject elements and minimum events? | | | | |
| K - RNAV TRAINING FOR MAINTENANCE | | | | |
| Qualification requirements for maintenance personnel supporting RNAV operations? | | | | |
| Required initial and recurrent training for maintenance personnel for task supporting RNAV operations? | | | | |
| Curriculums for maintenance personnel which include RNAV training modules with subject elements and minimum events? | | | | |



OFFICIAL USE ONLY

| | |
|--|------------|
| <input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> NOT ACCEPTABLE DATE: | |
| COMMENTS: | |
| Operation Inspector name: | Signature: |
| Airworthiness Inspector name: | Signature: |