NAVIGATION APPROVALS – RVSM AND NAT MNPS APPLICATION FOR RVSM AND/OR NAT MNPS OPERATIONAL APPROVAL

Please complete the form in **BLOCK CAPITALS** using black or dark blue ink after reading the attached guidance.

This form is designed to elicit all the required information from those operators requiring Reduced Vertical Separation Minima (RVSM) operational approval. The form may also be used for application for North Atlantic Minimum Navigation Performance Specification (NAT MNPS) operational approval. Please complete those sections of the form relevant to the approvals required. Sections A and E should be completed in all cases. Completed forms should be submitted to the Flight Operations Section at the address listed in the ‘Notes for Completion’.

Applicants are strongly advised to read the ‘Notes for Completion’ before completing the form.

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| **Section I** | **Page 1** | **Operator/ Airframe Details** | **Completion Mandatory** |
| **Section II** | **Page 2 to 3** | **RVSM** | [ ]  **(tick all that apply)** |
| **Section III** | **Page 3 to 4** | **MNPS** | [ ]  **(tick all that apply)** |
| **Section IV** | **Page 4** | **Signature Block** | **Completion Mandatory** |
| **Section V** | **Page 5** | **Notes for Completion**  |  |
| **Section VI** | **Page 6** | **Fleet Details Continuation Sheet** | [ ]  **(tick all that apply)** |

**SECTION I – OPERATOR / AIRFRAME DETAILS**

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| 1. **Applicant Details – required for all Approval requests**
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| Please give the official name and business or trading name(s), address, mailing address, e-mail address and contact telephone / fax numbers of the applicant.***Note:*** *For AOC holders - company name, AOC number and e-mail address will suffice.* |
| **Forename**  | **Surname**  |
| **Name of Company**  | **AOC no**  |
| **Address of Company**  |
|   | **Postcode**  |
| **Mailing address (if different from company’s address)**  |
|   | **Postcode**  |
| **Telephone**  | **Fax**  |

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| **Email**  | **Mobile no**  |
| 1. **AIRCRAFT DETAILS – required for all approval requests (one aircraft type per form)**

Aeroplane type, series, manufacturer serial number(s), registration mark(s), mode “S” address code(s), date(s) of modification or certification of the airframe(s) for RVSM. |
| **Aeroplane Type** | **Aeroplane Series** | **Manufacturer(s) Serial Number** | **Registration** | **Mode “S” Code (hex)** | **RVSM Modification/ Certification Date** |
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**SECTION II – RVSM OPERATIONAL APPROVAL**

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| Refer to BAR 6 subpart SPA.RVSM and associated AMC/GM for further guidance. |
| 1. List those ICAO Regions for which this RVSM Operational Approval request is made. If the applicant wishes to operate in oceanic or remote airspace where RVSM is required additional MNPS and or RNP10 / RNP4 approvals will be required.
2. Continental RVSM airspace. [ ]  **Yes** [ ]  **No**
3. Metric airspace areas. [ ]  **Yes** [ ]  **No**
4. Oceanic and Remote RVSM airspace. [ ]  **Yes** [ ]  **No**
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| 1. RVSM Airworthiness Documentation – Give reference(s) of relevant documentation which shows that the above airframes have been modified or certified to the RVSM Minimum Aircraft Systems Performance Specification (MASPS) on the dates given at 2 above. State if compliance is from new build or via modification. Include reference to the manufacturer’s statement of RVSM compliance, through compliance with relevant Type Certificate Data Sheet (TCDS), other TCDS, or Service Bulletin (SB), Supplemental Type Certificate (STC) as applicable.
2. Manufacturer’s Statement of aircraft RVSM Compliance.

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| 1. RVSM Training Programmes, Operating Practices and Procedures – provide details of training for engineering and maintenance staff, please provide confirmation that training has been conducted - give references of relevant documentation.

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| 1. Continued Airworthiness (Maintenance Procedures).

Provide references to specific documentation and processes designed to satisfy the requirements of the Continued Airworthiness (Maintenance Procedures).1. State Continued Airworthiness Management Organisation (Part M Subpart G) details: Name, Address and Contract reference. Maintenance Programme Provider Details.
2. State (Part 145) Maintenance Organisation or equivalent details Name and Contract reference.

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| 1. Operations Manuals, flight crew training, crew notices – give reference(s) of details pertinent to RVSM operations in the proposed area(s) of operation. **Include with submission copies of relevant sections from Operations and Training Manuals.**
2. Provide copies of all flight crew RVSM operating procedures. Detail in the training section of the operations manual the flight crew RVSM training organisation, training programme, means of providing initial and recurrent periodic RVSM training.

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| 1. Minimum Equipment List – reference of MEL where RVSM operations are addressed.

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| 1. Plan for Participation in Verification/Monitoring Programmes – As a minimum provide contact details of appropriate specialist (by name or by post-holder) who understands the requirements of, and the reason for, the programme. This specialist will need to be aware of the requirements to advise the authority of fleet changes\* as soon as they occur and will also need to be readily contactable should routine monitoring show aberrant or unacceptable height keeping performance of an airframe.

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| 1. What is your Proposed Date for the commencement of RVSM operations?

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**SECTION III – NAT MNPS OPERATIONAL APPROVAL**

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| NAT MNPS Approval can only be granted to operators who are already RVSM approved or who are applying concurrently for RVSM Approval. Refer to the accompanying notes and to the latest edition of “The MNPS Airspace Operations Manual” available on the Internet – excerpts from this manual could be used for an operator’s “operations manual”. See <http://www.paris.icao.int>  |
| 1. Operations Manuals, flight crew training, crew notices – give reference(s) of details pertinent to operations in NAT MNPS Airspace. **Include with submission copies of relevant sections from Ops and Training Manuals.**

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| 1. Minimum Equipment List – reference of MEL where MNPS operations are addressed.

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| 1. Give details of crew experience in NAT MNPS operations.

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| 1. Long Range Navigation System equipment details (See ‘Notes for Completion’):

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**SECTION IV – SIGNATURE BLOCK**

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| **Signature**  | **Date**  |
| **Name (BLOCK LETTERS)**  | **Appointment**  |
| Please note that a **minimum** of 60 working days will normally be required to check and confirm the information given above - if data is missing or omitted the process may take **considerably** longer. |

**SECTION V – NOTES FOR COMPLETION**

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| **SECTION I - COMPLETION OF SECTION A IS MANDATORY FOR ALL APPLICATIONS** |
| **Paragraph 1** – For AOC holders - company name, AOC number and e-mail address will suffice. **Paragraph 2** – This information is required by both the State of Registry for the State RVSM Approvals database and by the verification and monitoring programme office(s) of the appropriate ICAO Region(s).  Enter Mode ‘S’ code (if assigned) in hexadecimal format. |
| **SECTION II – RVSM APPROVAL** |
| **Paragraph 3** – RVSM Operations are now conducted worldwide.**Paragraphs 4, 5, 7 and 8** – Details in these paragraphs are required so that the appropriate DCA specialists are able to confirm the RVSM compliance data.**Paragraph 6** – Further investigation of Continued Airworthiness (Maintenance Procedures) cannot commence until such time as the information at Paragraph 6 has been provided. In addition to the information requested, amendments to your company Maintenance Management Exposition may also have to be submitted and approved. These amendments must define the procedures to be followed for initial and continued RVSM approval and should be submitted to the assigned Airworthiness Inspector.**Paragraph 9** – Linked with paragraph 2. A major requirement of the verification and monitoring programmes is for the airframe details of an operator’s RVSM approved fleet to be kept up-to-date. This information also enables an ICAO requirement to monitor Altimeter Systems Error drift on an operator fleet basis. |
| **SECTION III – MNPS APPROVAL** |
| **Paragraphs 11, 12 and 13** – Details in these paragraphs are required so that the appropriate DCA specialists are able to confirm MNPS compliance.**Paragraph 14** – Suitable Long Range Navigation System Equipment for NAT MNPS airspace requires information on not just the types and numbers of Inertial sensors and GNSS sensors fitted but also of the numbers of Flight Management Systems (FMS) that are equipped. This drives operators’ procedures and contingency procedures in the event of component failures.An example of an acceptable entry would be: “XXX (Manufacturer and Model Number) Inertial Reference Sensor with a YYY (Manufacture and Model Number) Flight Management System (where “XXX” and “YYY” represent the manufacturer’s names). Inertial alignment limits are 60˚ South and 76 ˚ North latitudes.Or“ZZZ (Manufacturer and Model Number) GPS Navigation Sensor with a YYY (Manufacturer and Model Number) FMS.” Such an entry would need to be supported with documentation that shows that the GPS sensor meets a recognised specification (e.g in FAA Notice 8110.60 or EASA AMC 20-5). |

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| **Submissions and Enquiries** |
| Address for submissions:***Flight Operations Section******Regulatory Division******Department of Civil Aviation*** ***Ministry of Transport and Infocommunications*** ***Brunei International Airport*** ***Bandar Seri Begawan, BB2513******Brunei Darussalam*** | Contact details for enquiries:***Flight Operations Section******Regulatory Division******Tel: +(673) 233 0142 ext. 1362/1350******Fax: +(673) 234 5345******Email:*** ***flightops.regulatory@dca.gov.bn*** |

**SECTION VI – FLEET DETAILS (CONTINUATION SHEET)**

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| **Operator / AOC Number:**   |

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| **Aeroplane Type** | **Aeroplane Series** | **Manufacturer(s) Serial Number** | **Registration** | **Mode “S” Code (hex)** | **RVSM Modification / Certification Date** |
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