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, Address, Tel, e-mail: |  |
| Contact Person Name/Tel/e-mail: |  |
| Aeroplane Registration: |  |
| Aeroplane Manufacturer: |  |
| Aeroplane Type Designation/ Model Designation: |  |
| Aeroplane Serial No: |  |
| Aeroplane Mode S Address (Hexadecimal): |  |
| Description of the intended operation: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Scope of Application** | **Airworthiness and operational approval in accordance with** | **Yes** | **No** |
| RNP AR APCH generic specific approval | SPA.PBN, ICAO Doc 9613, ICAO Doc 9905, ICAO Doc 9997 |  |  |
| RNP AR APCH procedure-specific approval | SPA.PBN, ICAO Doc 9613, ICAO Doc 9905, ICAO Doc 9997 |  |  |
| RNP 0.3 for helicopter operation | SPA.PBN, ICAO Doc 9613, ICAO Doc 9905, ICAO Doc 9997 |  |  |

**2. AIRWORTHINESS**

|  |  |  |
| --- | --- | --- |
| **Type design approval for referenced aeroplane type designation** | | |
| 1. The relevant PBN airworthiness approval is stated in:   AFM  AFM Supplements  FCOM  FCOM Supplements  Service Bulletin or Letter issued by the TC or STC holder  Type Certificate Data Sheet-TCDS  Supplemental Type Certificate-STC  Other (specify): | | |
| **Minimum Equipment List** | **Yes** | **No** |
| 1. The applicant should have revised parts of Minimum Equipment List to reflect system requirements appropriate to the intended PBN operations.   **Minimum Equipment List revised?** |  |  |
| **Maintenance Programme** |  |  |
| 1. The applicant should have an established Maintenance Programme that contains all PBN related maintenance requirements prescribed by the manufacturer or design organisation.   **Maintenance programme established?** |  |  |

**3. OPERATIONS**

|  |  |
| --- | --- |
| **Operating Procedures** | |
| **Operating procedures should be documented in the operations manual.**  RNP AR APCH – in accordance with SPA.PBN, ICAO Doc 9613, ICAO Doc 9905, ICAO Doc 9997  RNP 0.3 for helicopter operation – in accordance with SPA.PBN, ICAO Doc 9613, ICAO Doc 9905, ICAO Doc 9997  These procedures should cover the following subjects: | **To be completed by applicant**  PBN operating procedures are described in (add manual reference, chapter and sub-chapter): |
| * 1. Equipment to be carried, including its operating limitations and appropriate entries in the minimum equipment list; |  |
| * 1. Flight crew composition, qualification and experience; |  |
| * 1. Normal, abnormal and contingency procedures and |  |
| * 1. Electronic navigation data management. |  |
| **Training** | |
| The applicant is required to establish the following: | **To be completed by applicant**  PBN training programme is described in (add manual reference, chapter and sub-chapter): |
| * 1. Training programme for the flight crew members |  |
| 3.6 Training programme for relevant personnel involved in the flight preparation |  |

**4. APPLICATION PACKAGE**

|  |  |  |
| --- | --- | --- |
| **Documentation to be submitted to the Estonian Transport Administration (TRAM)** | **Yes** | **No** |

|  |  |  |
| --- | --- | --- |
| 1. Flight Operational Safety Assessment (FOSA) |  |  |
| 1. List of reportable events (according to Air-OPS AMC2 ORO.GEN.160) |  |  |
| 1. RNP monitoring programme |  |  |
| 1. Maintenance Programme or revision thereof that include item pertinent to PBN equipment |  |  |
| 1. Relevant section(s) of the applicable document(s) (e.g., AFM, STC data package, etc.) and other relevant documents that support installation of the required systems if installed through modification |  |  |
| 1. Minimum Equipment List (MEL) that include items pertinent to PBN operations |  |  |
| 1. Operation manual and checklists that include PBN operating procedures |  |  |
| 1. PBN training programmes for the flight crew and relevant personnel involved in the flight preparation |  |  |

**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 applicable requirement referenced under section “General”. | | |
| Name of nominated person Continuing Airworthiness | Signature | Date |
| Name of nominated person Flight Operations | Signature | Date |
| Name of nominated person Crew Training | Signature | Date |
| Name of Compliance Monitoring Manager | Signature | Date |

**6. FOR OFFICIAL TRAM USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Responsible** | **Date** | **Signature** |
| 1. Application and item 4 application package checked for completeness | OPS |  |  |
| 1. Airworthiness Approval granted (Appendix to Certificate of Airworthiness) | AWI |  |  |
| 1. Operational Approval granted (applicant’s operating practices, procedures and training programs have been found in compliance with applicable requirements) | OPS |  |  |
| 1. PBN approval process administratively completed (OPS Update, and Exchange of certificate). | OPS |  |  |
| ***Withdrawal of PBN Approval:***  Reason:  Name: Date: Signature: | | | |