



APPLICATION FOR PERFORMANCE BASED NAVIGATION APPROVAL

INSTRUCTIONS
Print or type. Do not write in shaded areas, these are for RCAA use only. Submit original only to the Flight Safety Services or an RCAA Authorized Person. If additional space is required, use an attachment

A. APPLICANT INFORMATION:			
1. NAME OF APPLICANT OR HOLDER	2. PERMANENT ADDRESS (<i>Street or Postal Number</i>)		
3. CENTRAL TELEPHONE & FAX NUMBERS	4. CITY	STATE/PROVINCE	MAIL CODE COUNTRY

B. MANAGEMENT CONTACTS:		
1. NAME & TITLE OF OPERATIONS DIRECTOR	PHONE #	E-MAIL
2. NAME & TITLE OF TRAINING DIRECTOR	PHONE #	E-MAIL
3. NAME & TITLE OF MAINTENANCE DIRECTOR	PHONE #	E-MAIL

C. AIRCRAFT TO BE OPERATED:	
1. AIRCRAFT MMS:	2. AIRCRAFT REGISTRATION(S):

D. SCOPE OF APPLICATION: <input type="checkbox"/> Initial Request <input type="checkbox"/> Additional Request					
ADD	NAVIGATION-RELATED APPROVALS	ADD	NAVIGATION-RELATED APPROVALS	ADD	SPECIAL AREA APPROVALS
<input type="checkbox"/>	1. RNAV/RNP-10	<input type="checkbox"/>	8. RNP-1	<input type="checkbox"/>	1. NAT-HLA
<input type="checkbox"/>	2. RNAV-5	<input type="checkbox"/>	9. RNP 0.3	<input type="checkbox"/>	2. PAC / RAC
<input type="checkbox"/>	3. RNAV-2	<input type="checkbox"/>	10. RNP APRCH	<input type="checkbox"/>	3. SAM / RAC
<input type="checkbox"/>	4. RNAV-1	<input type="checkbox"/>	11. RNP-AR-APRCH	<input type="checkbox"/>	4. MID ASIA / RAC
<input type="checkbox"/>	5. RNP-4	<input type="checkbox"/>	12. Baro VNAV	<input type="checkbox"/>	5. NORPAC
<input type="checkbox"/>	6. RNP-2	<input type="checkbox"/>	13.	<input type="checkbox"/>	6. CEPAC
<input type="checkbox"/>	7. Advanced RNP	<input type="checkbox"/>	14.	<input type="checkbox"/>	7.

E. ADDITIONAL APPLICATION ATTACHMENTS:		
<input type="checkbox"/> 1.PBN Conformance Checklist	<input type="checkbox"/> 5.MEL (with PBN adaptation)	<input type="checkbox"/> 9. Modification Approval Document
<input type="checkbox"/> 2.AFM (or AFM Supplement)	<input type="checkbox"/> 6.Relevant Maintenance Program	<input type="checkbox"/> 10. Database Supplier Approval
<input type="checkbox"/> 3.Relevant Operations Manuals	<input type="checkbox"/> 7.Related Maintenance Procedures	<input type="checkbox"/> 11. Aircraft PBN Conformity Cklist(s):
<input type="checkbox"/> 4.PBN Crew Training Programs	<input type="checkbox"/> 8.Database Integrity Procedures	<input type="checkbox"/> 12. Other (see Section G):
<i>If more space is needed to list application contents, please enter in Section G on reverse.</i>		

F. APPLICABLE AIRCRAFT FLIGHT MANUAL (SUPPLEMENT) SUPPORTING REFERENCE(S):					
Approved flight manual references for this fleet show the following airworthiness approval(s) for navigation system installation (check all applicable)					
YES	REFERENCE	YES?	REFERENCE	YES	REFERENCE
<input type="checkbox"/>	1. FAA AC 20-130A	<input type="checkbox"/>	7. FAA TSO-C129a+	<input type="checkbox"/>	13. JAA JTSO-2C115()
<input type="checkbox"/>	2. FAA AC 25-15	<input type="checkbox"/>	8. FAA TSO-C115()	<input type="checkbox"/>	14. JAA JTSO-2C129a
<input type="checkbox"/>	3. FAA AC 25-14	<input type="checkbox"/>	9. FAA AC 90-94	<input type="checkbox"/>	15. JAA GEN TGL 10
<input type="checkbox"/>	4. FAA AC 90-45	<input type="checkbox"/>	10. FAA Order 8400-12A	<input type="checkbox"/>	16. JAA AMG 20X2
<input type="checkbox"/>	5. FAA TSO-C145	<input type="checkbox"/>	11. FAA Notice 8110-60	<input type="checkbox"/>	17. ICAO DOC 7030/4
<input type="checkbox"/>	6. FAA TSO-C146	<input type="checkbox"/>	12. RNP-10	<input type="checkbox"/>	18. Other (see reverse):

G. ADDITIONAL INFORMATION PERTINENT TO THIS APPLICATION:

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

H. APPLICANT'S CERTIFICATION— The undersigned certify that all statements and answers provided on this application form and as 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 any PBN approval.

<i>A person shall not with intent to deceive or make any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal or variation of any approval.</i>	DATE	OPERATIONS DIRECTOR SIGNATURE:
	DATE#	TRAINING DIRECTOR SIGNATURE:
	DATE:	MAINTENANCE DIRECTOR SIGNATURE:

I. CAA CERTIFICATION:

1. <input type="checkbox"/> APPROVED with the associated authorizations bearing the number shown above.		2. <input type="checkbox"/> DISAPPROVED
. <input type="checkbox"/> Initial . <input type="checkbox"/> Renewal . <input type="checkbox"/> All Requests Granted . <input type="checkbox"/> Limitations		
3. Signature	4. Title	5. Date