

Navigation Authorisation Application – RVSM – NAT-HLA (MNPS) – PBCS



This form can be filled in on screen (preferred method) then printed, signed and submitted as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink

FALSE REPRESENTATION STATEMENT

It is an offence under the UK Air Navigation Order to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. This offence is punishable on summary conviction by a fine, and on conviction on indictment with an unlimited fine or up to two years imprisonment or both.

1. APPLICANT TYPE

Individual	Complete Section 2(a)	Charity	Complete Section 2(b)
Partnership	Complete Section 2(a)	Ministry of Defence	Complete Section 2(c)
Private Clubs	Complete Section 2(a) unless a Limited Liability Partnership or Limited Company	Trust	Complete Section 2(c)
Limited Liability Partnership	Complete Section 2(b)	Public Educational Establishment	Complete Section 2(c)
Limited Company	Complete Section 2(b)	(University/College)	

2. APPLICANT DETAILS (The Applicant is the person responsible for payment of CAA charges)

This application will be considered in respect of and, if appropriate, granted or issued to, the applicant(s) named below.

a) Individual (including sole traders and partnerships)

Title: Forename: Surname:

Address:

Country: Postcode:

Telephone: Fax:

E-mail: Mobile Telephone:

Trading Name: (if applicable)

Website address:

In the case of a partnership, please complete details of all partners. Continued on a separate sheet.

This application will be considered in respect of and, if appropriate, granted to, the Company Name as registered under the Company Number provided on this form.

b) A Company

Registered Company Name (in full):

Registered Company Number:

Country of Company Registration:

Registered Office Address:

..... Postcode:

Telephone: Fax:

E-mail:

Trading Name: (if applicable)

Trading Address: (primary site)

Country: Postcode:

Website address:

Authorised Representative of Company

This application is to be signed by either a Director or Company Secretary or a person authorised by the Board to act on behalf of the Company.

Title: Forename: Surname:

Position in Company:

Telephone No: E-mail:

If you are not a Director or Company Secretary and have been authorised to sign the application form on behalf of the Company, proof of that authority must be provided with the completed application form.

This application will be considered in respect of and, if appropriate, granted or issued to, the applicant(s) named below.

c) An Unincorporated Association or other body

Name of Unincorporated Association or other body:

Address:

Country: Postcode:

Telephone: Fax:

E-mail: Mobile Telephone:

Website address:

Authorised Representative

This application is to be signed by a person or persons authorised by the body named above to act on behalf of it. This should normally be a member or members of the managing committee of the association or other body. Evidence of the authorisation to act on behalf of the association or body should be provided with the application.

Title: Forename: Surname:

Position:

Charity Number (if applicable):

3. ADDRESS FOR CORRESPONDENCE (if different from above)

Postal Address (if different from above):

..... Postcode:

4. CAA ORGANISATION APPROVAL NUMBER

AOC/NCC Declaration No:

5. TECHNICAL INFORMATION SPECIFIC TO EACH 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	Model "S" Code (hex)	RVSM Modification / Certification Date

6. Type of Application- must be completed for any application to be processed.

a) Please confirm:

As an Operator is this an 'Initial' Application or relates to a Type Variation for either RVSM, NAT-HLA or PBCS	YES	NO
Is this an application to add an aircraft registration to current approvals/authorisations	YES	NO

7. RVSM OPERATIONAL APPROVAL

Refer to the accompanying Notes and "JAA Administrative and Guidance Material, Section 1 – General Guidance and Reference Material, Temporary Guidance Leaflet No 6, Revision 1", (see <http://www.ecacnav.com/rvsm>) and UK AIP Gen 1-5-1 for further guidance (see <http://www.nats-uk.ead-it.com>).

a) 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 NAT-HLA (MNPS) approval will be required.

Oceanic and Remote RVSM airspace.	YES	NO
Metric airspace areas:	YES	NO
Continental RVSM airspace.	YES	NO

b) RVSM Airworthiness Elements

Note: Documented Objective Evidence and/or Extracts of manuals must be provided to support answers listed below

i) Does the Aircraft Build and/or Modification status confirm the aircraft is RVSM compliant? YES NO
 Note: Include references to the manufacturer's statement of RVSM compliance (if applicable).

If Yes, provide details:

.....

Tick Appropriate box: New Build By Modification

ii) Has any repair been embodied on the Aircraft which may affect RVSM compliance? YES NO
 Note: This could be related to static ports, skin waviness or to Altitude reporting systems.

If Yes, provide details:

.....

iii) Does the CAME include RVSM procedures to support RVSM operations and monitoring? YES NO

If Yes, provide details:

.....

iv) Does the Maintenance Programme embody all tasks and associated requirements for RVSM operations? YES NO

If Yes, provide details:

.....

v) Does the Reliability Programme (if applicable) embody all requirements for RVSM operations? YES NO

If Yes, provide details:

.....

b) RVSM Airworthiness Elements (Continued)

vi) Does the Operators MEL embody all maintenance procedures and processes for upgrade/downgrade of RVSM due to system failures within RVSM critical systems? YES NO

If Yes, provide details:

.....

vii) Does the contracted Part 145 Maintenance Organisation procedures support RVSM upgrade/downgrade processes and control of Aircraft geometric inspection techniques? YES NO

If Yes, provide details:

.....

viii) Has RVSM training for the CAMO and Contracted Part 145 Organisations staff been completed? YES NO

If Yes, provide details:

.....

ix) State Continued Airworthiness Management Organisation (Part M Subpart G) details:

Name: Approval Number:

Address:

.....

Contract reference:

Maintenance Programme Reference:

x) State (Part 145) Maintenance Organisation or equivalent details:

Name: Approval Number:

Address:

.....

Contract reference:

Refer to EC 965/2012 Subpart D, operations in airspace with Reduced Vertical Separation Minima (RVSM), AMC3 SPA.RVSM.105 RVSM operational approval and JAA Temporary Guidance Leaflet No 6.

c) Flight Operations Elements

Note: Documented Objective Evidence and/or Extracts of manuals must be provided to support answers listed below

i) Does the Aircraft Flight Manual confirm the aircraft is RVSM compliant? YES NO

If Yes, provide details:

.....

ii) Do the Operations Manuals include RVSM procedures to support RVSM operations? YES NO

If Yes, provide details:

.....

iii) Does the Operators MEL embody all operational procedures and processes for upgrade/downgrade of RVSM due to system failures within RVSM critical systems? YES NO

If Yes, provide details:

.....

iv) Has RVSM training, both initial and recurrent, for flight crew been incorporated in Training Manual? YES NO

If Yes, provide details:

.....

d) What is your Proposed Date for the commencement of RVSM operations?

.....

8. NAT-HLA (MNPS) OPERATIONAL APPROVAL

NAT-HLA (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 North Atlantic Airspace And 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>.

a) Flight Operations Elements

Note: Documented Objective Evidence and/or Extracts of manuals must be provided to support answers listed below

- i) Does the Aircraft Flight Manual or other document that has been approved by the certifying authority as part of the airworthiness assessment confirm the aircraft is NAT-HLA compliant? YES NO
If Yes, provide details:
.....
- ii) Do the Operations Manuals include NAT-HLA procedures to support NAT-HLA operations? YES NO
If Yes, provide details:
.....
- iii) Does the Operators MEL embody all operational procedures and processes for upgrade/downgrade of NAT-HLA due to system failures within NAT-HLA critical systems? YES NO
If Yes, provide details:
.....
- iv) Has NAT-HLA training, both initial and recurrent, for flight crew been incorporated in Training Manual? YES NO
If Yes, provide details:
.....

b) Give details of crew experience in NAT-HLA (MNPS) operations.

.....
.....
.....
.....

c) What is your Proposed Date for the commencement of NAT-HLA operations?

.....

9. PBCS Operational Authorisation

PBCS operations can only be authorized to operators who are already NAT-HLA approved or who are applying concurrently for NAT-HLA with no restrictions

a) Flight Operations Elements

Note: Documented Objective Evidence and/or Extracts of manuals must be provided to support answers listed below

i) Does the Aircraft Flight Manual or other document that has been approved by the certifying authority as part of the airworthiness assessment confirm the aircraft is PBCS RCP240 RSP180 & RNP4 compliant? YES NO

If Yes, provide details:

ii) Do the Operations Manuals include PBCS procedures to support PBCS operations including CPDLC & ADS-C? YES NO

If Yes, provide details:

iii) Does the Operators MEL embody all operational procedures and processes for upgrade/downgrade of PBCS due to system failures within PBCS critical systems including RCP and RSP. YES NO

If Yes, provide details:

iv) Has PBCS training, both initial and recurrent, for flight crew and operations controllers been incorporated in Training Manual? YES NO

If Yes, provide details:

b) What is your Proposed Date for the commencement of PBCS operations?

.....

10. Monitoring programmes (Regional Monitoring Agency) - must be completed for any application to be processed.

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.

Name:
.....

Position:
.....

email:
.....

Telephone Number:
.....

11. TECHNICAL DECLARATION - must be completed for any application to be processed.

I hereby declare that to the best of my knowledge the particulars entered on this application are accurate and a true statement of all the aircraft on this maintenance programme and compliant with the terms and conditions of the Basic Regulation (EU) No 2018/1139, including its Implementing Rules, as amended.

I further declare that I hold all the necessary aircraft data and airworthiness records to enable confirmation that the aircraft is RVSM/NAT-HLA(MNPS)/PBCS* compliant and contracted CAMO & Maintenance Organisations are capable to support RVSM/NAT-HLA(MNPS)/PBCS* operations.

I understand that the CAA may conduct sample checks upon aircraft, the location of the maintenance and aircraft records.

Name of person holding technical responsibility:

Position of person holding technical responsibility:

Signature of person holding technical responsibility:

Date:

*** Delete as appropriate**

Please note that a minimum of 30 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.

12. OPERATIONAL DECLARATION - must be completed for any application to be processed.

I am applying for an RVSM/NAT-HLA(MNPS)* approval and/or PBCS authorisations*.

I hereby declare that to the best of my knowledge the particulars entered on this application are accurate and compliant with the terms and conditions of the Basic Regulation (EU) No 2018/1139, including its Implementing Rules, as amended.

Name of person holding operational responsibility:

Position of person holding operational responsibility:

Signature of person holding operational responsibility:

Date:

*** Delete as appropriate**

Please note that a minimum of 30 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.

13. COURIER CHARGES

Note to all customers: All original documents submitted by the customer and CAA issued documents, will be returned by secure courier and are subject to the appropriate charge as detailed on our website; please click attached link "Courier Charge". The courier charge will be added to the relevant charge as per the Personnel Licensing Scheme of Charges and payable with application.

Should you decide that you do not wish to use the courier option, please tick the box below and all documents will be returned by normal post (Second Class). If the documents sent by normal post fail to arrive at your postal address, we will only be able to re-issue the CAA documents, 15 working days after the original date of dispatch from our office. A written request and secure courier fee will also be required. The CAA is not liable for any direct or consequential loss or delay that is caused by normal service.

If you wish to opt out of document return by secure courier, please tick box.

Please note: The CAA is not liable for any direct or consequential loss or delay that is caused by the Secure Courier Service. Any damage to products received by you must be notified in writing to the CAA no later than 24 hours from the time of signing for the product(s). You must also return the damaged product(s) to the CAA no later than one week from the receipt and in return, we will reimburse the cost of postage. The CAA will assist you with your claim from the Secure Courier Service provider to recover your financial loss. Such claims will be limited to the price of replacement product(s) in line with the courier terms and conditions.

14. CHARGES

The charge(s) required as calculated in accordance with the CAA Scheme of Charges (published in CAA Official Record Series 5) (www.caa.co.uk/ors5) to be paid on application are enclosed herewith.

NB: This application will not be processed until the applicable charges have been received.

Total charges included are: £.....

Where charges are to be paid other than by the applicant, please enter the name of the person/company who is paying:

.....

If you want the CAA to quote a Purchase Order No. on your invoices, please provide the reference here:"

Purchase Order number:

IMPORTANT NOTES:

Additional Charges: Where the cost of the CAA investigations exceeds the application charge payable, the applicant shall pay additional charges to recover those excess costs incurred by the CAA in accordance with the Scheme of Charges.

Overseas Visits: If a Member or employee of the CAA is required to travel overseas in respect of this application you are advised to read the CAA Scheme of Charges to which this application relates and the section entitled 'Additional charge where functions are performed abroad'. All expenses incurred in pursuance of this application by virtue of travelling overseas will be payable by the applicant on demand.

Withdrawal/Cancellation of Application: In the event that this application is withdrawn or cancelled by the applicant, the application fee less the cost of any work carried out by the CAA to that date, may be refunded. Please see the CAA Refunds Policy at www.caa.co.uk/refunds for more information.

15. FINANCIAL DECLARATION

I am applying for an RVSM/NAT-HLA(MNPS)* approval. *Delete as appropriate.

I hereby declare that to the best of my knowledge the particulars entered on this application are accurate.

I enclose the charges payable on application in accordance with the Scheme of Charges (www.caa.co.uk/ors5).

I agree to pay any additional charges which may become payable in respect of this application under the Scheme of Charges.

I agree to pay the charges payable on application in accordance with the Scheme of Charges (www.caa.co.uk/ors5).

Name of Applicant:

(as shown in 2 (a), (b) or (c))

Signature of Applicant (named in 2 (a), (b) or (c)):

or Signature of Authorised Representative (named in 2 (a), (b) or (c)):

Date:

Please note that a minimum of 30 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.

16. SUBMISSION INSTRUCTIONS

When you have completed this Form, please send it, with attachments, to:

Navigation Approvals
Shared Service Centre
CAA, Aviation House
Gatwick Airport South
West Sussex
RH6 0YR

e-mail: navapprovals@caa.co.uk

telephone 0330 022 1908

MATRIX - SECTIONS TO BE COMPLETED

Section	RVSM	NAT-HLA	PBCS
2a, b or c	X	X	X
3	X	X	X
4	X	X	X
5	X	X	X
6	X	X	X
7	X		
8		X	
9			X
10	X	X	X
11	X	X	X
12	X	X	X
13	X	X	X
14	X	X	X
15	X	X	X

Please note that a minimum of 30 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.

Payment Authorisation



This form can be filled in on screen (preferred method) then printed, signed and submitted as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink

1. APPLICANT DETAILS (The Applicant is the person responsible for payment of CAA charges)

Application for:..... Dated:

Original Applicant's Name:

Application Submission Number (ASN):.....or, Application form number (i.e SRGxxxx)

Registered Company or Trading Name: (if applicable)

Contact Telephone Number:

2. PAYMENT DETAILS

a) Payment type (please tick your chosen method of payment).

Visa
 Mastercard
 Debit Card
 Cheque/Banker's Draft
 Bank Transfer
 Cash (max.£1000)

The maximum single transaction using a Visa/Mastercard or Debit Card is limited to £25,000.

We do not accept American Express, Diners Club or JCB cards. **Cash payments** will only be accepted in person at Aviation House, Gatwick. Please do not send cash by post.

Cheques shall be made payable to '**Civil Aviation Authority**'. Please write the CAA Application Form No. on the reverse of your cheque.

National Westminster Bank plc
 Bloomsbury Parr's Branch
 PO Box 158
 214 High Holborn
 London
 WC1V 7BX

Account Name: Civil Aviation Authority
 Account Number: 36029769
 Sort Code: 60-30-06
 Swift Code: NWBK GB 2L
 IBAN: GB90 NWBK 6030 0636 0297 69

Please supply the following information:

Amount: £ BACS/CHAPS/ASN Reference*:

* When making a bank transfer please instruct your bankers to quote, i) in relation to an offline application, the CAA Application Form number followed by the application date (i.e. SRGXXXX ddmmyyyy) or ii) in relation to an online application, the Automatic Submission Number (ASN) (i.e. CAI-123).

Payer: Payers Email: Date of Transfer:

b) Card Details (for payment by Credit/Debit Card)

Card number:

Expiry date: / Security Code (last 3 digits on signature strip on reverse of card)

Debit cards only: Start date: / Issue No: (if applicable)
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Amount: £

Name (as written on card):
 (BLOCK CAPS)

Full postal address of card holder:
 Postcode:.....

Card holder's signature:

Please tick box if paying with Company Card Company Name:

Do not send your credit/debit card details by email. Email is inherently insecure and hence it is not possible to guarantee the security of card details sent this way.