



AUTORIDADE NACIONAL DA AVIAÇÃO CIVIL
Departamento De Operações
REQUERIMENTO E DEMONSTRAÇÃO de EVIDÊNCIAS
AUTORIZAÇÃO OPERACIONAL PBCS
REGULAMENTO (UE) 965/2012

OPERADOR: <i>Operator</i>		COA: <i>AOC</i>		PT- /
Aprovação Inicial <input type="checkbox"/> <i>Initial Approval</i>		Alteração <input type="checkbox"/> <i>Change</i>		Declaração, Data <i>Declaration, Date</i>
Âmbitos <i>Scopes</i>		<input type="checkbox"/> CAT / <input type="checkbox"/> NCC / <input type="checkbox"/> SPO / <input type="checkbox"/> ORO.AOC.125		
AERONAVE <i>Aircraft</i>	Marca: <i>Maker:</i>			
	Modelo: <i>Model</i>			
	Reg.(s): <i>Registr.:</i>			
	S/N (s):			
Manual de Operações, EDIÇÃO <i>Operations manual , Edition/Issue</i>		<input type="checkbox"/> :	REVISÃO <i>Revision</i>	<input type="checkbox"/> :

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.

*The operator, mentioned below, in order to substantiate what he requires, through the **ANAC DOC 218/294** accompanying this form, declares that he is aware that it is an offence under the Portuguese law to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, license, approval, permission or other document. This offence is punishable on summary conviction by a fine.*

1. 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, MNPS/NAT-HLA or PBCS	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Is this an application to add an aircraft registration to current approvals/authorizations	YES <input type="checkbox"/> / NO <input type="checkbox"/>

2. PBCS OPERATIONAL Authorization

<i>PBCS operations can only be authorized to operators who are already MNPS / NAT-HLA approved or who are applying concurrently for MNPS / NAT-HLA with no restrictions</i>	
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? If Yes, provide details:	YES <input type="checkbox"/> / NO <input type="checkbox"/>
ii) Do the Operations Manuals include PBCS procedures to support PBCS operations including CPDLC & ADS-C? If Yes, provide details:	YES <input type="checkbox"/> / NO <input type="checkbox"/>



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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. If Yes, provide details:	YES <input type="checkbox"/> / NO <input type="checkbox"/>
iv) Has PBCS training, both initial and recurrent, for flight crew and operations controllers been incorporated in Training Manual? If Yes, provide details:	YES <input type="checkbox"/> / NO <input type="checkbox"/>
b) What is your Proposed Date for the commencement of PBCS operations? -----	

3. 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 PBCS compliant and contracted CAMO & Maintenance Organizations are capable to support PBCS operations.

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

Name of person holding technical responsibility: -----

Person holding technical responsibility: **Operator AIRWORTHINESS MANAGER**

Signature of Airworthiness Manager (person technically responsible):

I hereby declare that to the best of my knowledge, the particulars entered on this application related to “Flight Operations Elements” 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 Flight Operations responsibility as FOM: -----

Signature of FOM (person holding Flight Operations responsibility):

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.