



AUTORIDADE NACIONAL DA AVIAÇÃO CIVIL

Direção de Operações de Voo

Departamento De Transporte Aéreo

REQUERIMENTO PARA

APROVAÇÃO SPA MNPS

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>	Fabricante: <i>Manufacturer:</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 **Form 9.2.6.4.36/ Form 9.2.6.2.19** 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.*

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	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"/>
Area/Routes: _____	

2. MNPS / NAT-HLA OPERATIONAL APPROVAL

MNPS / NAT-HLA 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 MNPS / NAT-HLA compliant?

If Yes, provide details:

YES ☐ / NO ☐



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<p>ii) Do the Operations Manuals include MNPS / NAT-HLA procedures to support such operations? If Yes, provide details: (a) flight crew composition and experience requirements:</p> <p>(b) normal procedures:</p> <p>(c) contingency procedures including those specified by the authority responsible for the airspace concerned:</p> <p>(d) monitoring and incident reporting:</p>	<p>YES <input type="checkbox"/> / NO <input type="checkbox"/></p>
<p>iii) Does the Operator's MEL embody all operational procedures and processes for upgrade / downgrade of MNPS / NAT-HLA due to system failures within such critical systems? If Yes, provide details:</p>	<p>YES <input type="checkbox"/> / NO <input type="checkbox"/></p>
<p>iv) Has MNPS / NAT-HLA training, both initial and recurrent, for flight crew been incorporated in OM Part D? If Yes, provide details:</p>	<p>YES <input type="checkbox"/> / NO <input type="checkbox"/></p>
<p>b) Give details of crew experience in MNPS/NAT-HLA operations</p> <p>-----</p> <p>-----</p>	
<p>c) What is your Proposed Date for the commencement of MNPS / NAT-HLA operations?</p> <p>-----</p>	



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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 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 MNPS / NAT HLA compliant and contracted CAMO & Maintenance Organizations are capable to support MNPS/NAT HLA operations.

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

Person holding technical responsibility (AIRWORTHINESS MANAGER):

Name: _____

Signature: _____

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.

Person holding Flight Operations responsibility (FLIGHT OPERATIONS MANAGER):

Name: _____

Signature: _____

Date: _____

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.

Annexes to the requirement:

1. Manual de Operações, Partes A, B, C e D (uma cópia em CD e duas cópias das páginas de aprovação em papel)	YES <input type="checkbox"/> / NO <input type="checkbox"/>
2. Lista de Equipamento Mínimo (duas cópias em CD e duas cópias das páginas de aprovação em papel)	YES <input type="checkbox"/> / NO <input type="checkbox"/>
3. Documentação técnica relativa aos equipamentos da(s) aeronave(s) (duas cópias em CD e duas cópias das páginas de aprovação em papel)	YES <input type="checkbox"/> / NO <input type="checkbox"/>
4. Outros: _____ _____ _____ _____ _____	YES <input type="checkbox"/> / NO <input type="checkbox"/>