



# AUTORIDADE NACIONAL DA AVIAÇÃO CIVIL

Direção de Operações de Voo  
Departamento De Transporte Aéreo  
REQUERIMENTO SPA PBN / RNP AR APCH  
REGULAMENTO (UE) 965/2012

<b>OPERADOR:</b> <i>Operator</i>		<b>COA:</b> <i>AOC</i>		<b>PT-</b> /
<b>Aprovação Inicial</b> <input type="checkbox"/> <i>Initial Approval</i>		<b>Alteração</b> <input type="checkbox"/> <i>Change</i>		<b>Declaração /</b> <i>Data/Date:</i>
<b>Âmbitos</b> <i>Scopes</i>		<input type="checkbox"/> CAT / <input type="checkbox"/> NCC / <input type="checkbox"/> SPO / <input type="checkbox"/> ORO.AOC.125		
<b>AERONAVE</b> <i>Aircraft</i>	<b>Marca:</b> <i>Maker:</i>			
	<b>Modelo:</b> <i>Model</i>			
	<b>Reg.(s):</b> <i>Registr...:</i>			
	<b>S/N (s):</b>			
<b>Manual de Operações, EDIÇÃO</b> <i>Operations Manual , Edition/Issue</i>		<input type="checkbox"/> :	<b>REVISÃO</b> <i>Revision</i>	<input type="checkbox"/> :
<b>Min. Equip. List - MEL, EDIÇÃO</b> <i>Min. Equip. List - MEL Edition/Issue</i>		<input type="checkbox"/> :	<b>REVISÃO</b> <i>Revision</i>	<input type="checkbox"/> :
<b>List of attached documentation to be used as reference (R):</b>				
1. 2. 3. 4. 5. 6.				

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

<b>a) Please confirm:</b>	
As an Operator, is this an 'Initial' Application	YES <input type="checkbox"/> / NO <input type="checkbox"/>
It is an extension to existing approval and fleet.	YES <input type="checkbox"/> / NO <input type="checkbox"/>
It is an approval extension to another fleet.	YES <input type="checkbox"/> / NO <input type="checkbox"/>
It is an approval for " <b>Generic Approval for RNP AR APCH</b> ".	YES <input type="checkbox"/> / NO <input type="checkbox"/>
It is an approval for <b>procedure-specific approval for RNP AR APCH for private instrument approach procedures</b> or any <b>public instrument approach procedure that does not meet the applicable ICAO procedure design criteria</b> , or where required by the Aeronautical Information Publication (AIP) or the competent authority.	YES <input type="checkbox"/> / NO <input type="checkbox"/>
List of Specific Procedures:	



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### Filling instructions:

1. Insert in "Document Reference (R)", a specific reference to **Manual/Section/Paragraph or MODIFICATION nº xxxx**, etc where to find evidence of the subject. Use documentation reference numbers above for simplification. If not applicable, insert N/A.
2. More detailed guidance material for the **operational use** of PBN applications can be found in **ICAO Doc 9613** Performance-Based Navigation (PBN) Manual.
3. Guidance material for the **design of RNP AR APCH** procedures can be found in **ICAO Doc 9905** RNP AR Procedure Design Manual.
4. Guidance material for the **operational approval** of PBN operations can be found in **ICAO Doc 9997** Performance-Based Navigation (PBN) Operational Approval Manual.
5. If no evidences are provided within 30 days upon request, the process shall be evaluated for closure, due to missing documentation or evidences
6. The items "YES", "NO", "PARTIAL" are authority only.

### 2. Aircraft suitability:

Description	Document Reference (R)	YES	NO	PARTIAL
		ANAC USE ONLY		
<b>SPA.PBN.105 PBN</b> <i>(a) Relevant airworthiness approval, suitable for the intended PBN operation, is stated in the AFM or other document that has been approved by the certifying authority as part of an airworthiness assessment or is based on such approval.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(1) As per type certificate. Documented in the AFM, Type Certificate or STC. EASA approved or ANAC installation approved.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(2) Not certified but equipped for PBN as required, upon Service Bulletin or similar document provided by the manufacturer or Type Certificate Holder.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(3) Not certified but equipped for PBN as required. Manufacturer Service Bulletin or similar document not available. Manufacturer's Declaration of Compliance provided.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. Statement of Requirements

3.1. Training Programme	Document Reference (R)	YES	NO	PARTIAL
		ANAC USE ONLY		
<b>AMC1 SPA.PBN.105(b)</b> <i>(a) The operator should ensure that flight crew members training programmes for RNP AR APCH include <b>structured courses of ground and FSTD training</b>.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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(1) Flight crew members with <b>no RNP AR APCH experience</b> should complete the <b>full training programme</b> . (...)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(2) Flight crew members <b>with RNP AR APCH experience</b> with another EU operator may undertake (...) <b>abbreviated (...) training course</b> (...)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(3) Flight crew members <b>with RNP AR APCH experience</b> with the operator may undertake an <b>abbreviated ground and FSTD training course</b> (...).		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(4) The operator should ensure when undertaking RNP AR APCH operations with <b>different variant(s) of aircraft</b> within the same type or class rating, that the differences and/or similarities of the aircraft concerned justify such operations (...)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
<b>Full training programme.</b> (b) <b>Ground training</b>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
<b>Full training programme.</b> (c) <b>Initial FSTD training</b>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
<b>Full training programme.</b> (d) Flight crew members should complete the following RNP AR APCH training if converting to a new type or class or variant of aircraft in which RNP AR operations will be conducted (...)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(e) Before starting an RNP AR APCH procedure for which a <b>procedure-specific approval</b> is required, flight crew members should undertake <b>additional ground training and FSTD training</b> , as appropriate. (...)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(f) <b>Initial checking</b> of RNP AR APCH knowledge and procedures		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(g) The operator should incorporate <b>recurrent training</b> that employs the unique RNP AR APCH characteristics of the operator's RNP AR APCH procedures as part of the overall training programme. (...)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(h) The operator should ensure that <b>training for flight operation officers/dispatchers</b> (...)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>

3.2. Safety Assessment (FOSA)	Document Reference (R)	YES	NO	PARTIAL
		ANAC USE ONLY		
<b>SPA.PBN.105 PBN</b> (c) a safety assessment has been carried out;		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		
<b>AMC1 SPA.PBN.105(c)</b>				
(a) For each RNP AR APCH procedure, the operator should <b>conduct a flight operational safety assessment (FOSA)</b> proportionate to the complexity of the procedure.		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		



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(b) The FOSA should be based on: (1) restrictions and recommendations published in AIPs; (2) the flyability check; (3) an assessment of the operational environment; (4) the demonstrated navigation performance of the aircraft; and (5) the operational aircraft performance.		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(c) The operator may take credit from key elements from the safety assessment carried out by the ANSP or the aerodrome operator.		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
<b>GM1 SPA.PBN.105(c) PBN operational approval</b> <b>FLIGHT OPERATIONAL SAFETY ASSESSMENT (FOSA)</b> Only for guidance		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>

3.3. Operating Procedures	Document Reference (R)	YES	NO	PARTIAL
		ANAC USE ONLY		
<b>SPA.PBN.105 PBN</b> (d) operating procedures have been established specifying: (1) the equipment to be carried, including its operating limitations and appropriate entries in the minimum equipment list (MEL); (2) flight crew composition, qualification and experience; (3) normal, abnormal and contingency procedures; and (4) electronic navigation data management;  <i>Note: SOPs and call-outs specific for these operations, complying with associated mitigations identified in FOSA, has to be established and approved</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AMC1 SPA.PBN.105(d)</b>				
(a) MEL. At least, verify following items: • 2 GNSS sensor equipment • 2 FMS • 2 MCDU • 2 Air Data System • 2 Auto/Pilot and FD (single A/P is acceptable with double FD, for RNP 0.3 approach) • 1 IRU • EFIS DU with 2 L/DEV + 2 V/DEV • EGPWS/TAWS Class A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Autopilot and flight director		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Preflight RNP assessment.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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(d) NAVAID exclusion		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(e) Navigation database currency		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
<b>AMC2 SPA.PBN.105(d)</b>		
(a) Modification of flight plan		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(b) Mandatory equipment		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(c) RNP management		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(d) Loss of RNP		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(e) Radio updating		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(f) Approach procedure confirmation		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(g) Track deviation monitoring		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(h) System cross-check		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(i) Procedures with RF legs		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(j) Temperature compensation		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(k) Altimeter setting		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(l) Altimeter cross-check		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(m) Missed approach operation		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(n) Contingency procedures		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
<b>AMC3 SPA.PBN.105(d)</b>		
(a) The operator should validate every RNP AR APCH procedure before using the procedure in instrument meteorological conditions (IMC) to ensure compatibility with their aircraft and to ensure the resulting path matches the published procedure.		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(b) If an aircraft system required for RNP AR APCH operations is modified, the operator should assess the need for a validation of the RNP AR APCH procedures with the navigation database and the modified system. This may be accomplished without any direct evaluation if the manufacturer verifies that the modification has no effect on the navigation database or path computation. If no such assurance from the manufacturer is available, the operator should conduct initial data validation with the modified system.		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
(c) The operator should implement procedures that ensure timely distribution and insertion of current and unaltered electronic navigation data to all aircraft that require it.		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>



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3.4. Reportable Events	Document Reference (R)	YES	NO	PARTIAL
		ANAC USE ONLY		
<b>SPA.PBN.105 PBN</b> <i>(e) a list of reportable events has been specified;</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AMC1 SPA.PBN.105(e)</b> <i>The operator should report events which are listed in AMC2 ORO.GEN.160.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>REPORTABLE EVENTS OF PBN OPERATIONS</b> <i>(a) A reportable event should be an event that adversely affects the safety of the operation and may be caused by actions or events external to the functioning of the aircraft navigation system.</i> <i>(b) Technical defects and the exceedance of technical limitations, including:</i> <i>(1) significant navigation errors attributed to incorrect data or a database coding error;</i> <i>(2) unexpected deviations in lateral/vertical flight path not caused by flight crew input or erroneous operation of equipment;</i> <i>(3) significant misleading information without a failure warning;</i> <i>(4) total loss or multiple navigation equipment failure; and</i> <i>(5) loss of integrity, e.g. RAIM function, whereas integrity was predicted to be available during preflight planning, should be considered a reportable event.</i> <i>(c) The operator should have in place a system for investigating a reportable event to determine if it is due to an improperly coded procedure or a navigation database error. The operator should initiate corrective actions for such an event.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.5. Monitoring Programme	Document Reference (R)	YES	NO	PARTIAL
		ANAC USE ONLY		
<b>SPA.PBN.105 PBN</b> <i>(f) a management RNP monitoring programme has been established for RNP AR APCH operations, if applicable.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>AMC1 SPA.PBN.105(f)</b> <i>(a) The operator approved to conduct RNP AR APCH operations, should have an RNP monitoring programme to ensure continued</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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<i>compliance with applicable rules and to identify any negative trends in performance.</i>		
<i>(b) During an interim approval period, which should be at least 90 days, the operator should at least submit the following information every 30 days to the competent authority.</i> <i>(1) Total number of RNP AR APCH operations conducted;</i> <i>(2) Number of approach operations by aircraft/system which were completed as planned without any navigation or guidance system anomalies;</i> <i>(3) Reasons for unsatisfactory approaches, such as:</i> <i>(i) UNABLE REQ NAV PERF, NAV ACCUR DOWNGRAD, or other RNP messages during approaches;</i> <i>(ii) excessive lateral or vertical deviation;</i> <i>(iii) TAWS warning;</i> <i>(iv) autopilot system disconnect;</i> <i>(v) navigation data errors; or</i> <i>(vi) flight crew reports of any anomaly;</i> <i>(4) Flight crew comments.</i>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
<i>(c) Thereafter, the operator should continue to collect and periodically review this data to identify potential safety concerns, and maintain summaries of this data.</i>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>

#### 4. Technical Declaration

***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: \_\_\_\_\_