



AUTORIDADE NACIONAL DA AVIAÇÃO CIVIL
Departamento De Operações
REQUERIMENTO E DEMONSTRAÇÃO de EVIDÊNCIAS
APROVAÇÃO SPA RVSM
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.

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. RVSM - OPERATIONAL APPROVAL

a) List ICAO Regions for which this RVSM Operational Approval request is made. <i>If the applicant wishes to operate in oceanic or remote airspace where RVSM is required additional MNPS / NAT-HLA approval will be required.</i>	
Oceanic and Remote RVSM airspace.	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Metric airspace areas:	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Continental RVSM airspace.	YES <input type="checkbox"/> / NO <input type="checkbox"/>
<i>Note: Refer to EC 965/2012 Annex 5 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.</i>	
b) Flight Operations Elements <i>Note: Documented Objective Evidence and/or Extracts of manuals must be provided to support answers listed below</i>	
i) Does the Aircraft Flight Manual confirm the aircraft is RVSM compliant? If Yes, provide details:	YES <input type="checkbox"/> / NO <input type="checkbox"/>
ii) Do the Operations Manuals include RVSM procedures to support RVSM operations? Please consider training programmes, operating practices and	YES <input type="checkbox"/> / NO <input type="checkbox"/>



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procedures and include training syllabi for initial and recurrent training programmes If Yes, provide details:	
iii) Does the appropriate Manuals and checklists been revised to include information/guidance on standard operating procedures? - Statement on the airspeeds, altitudes and weights in RVSM aircraft approval - Identification os any operating limitations or conditions for that aircraft type If Yes, provide details:	YES <input type="checkbox"/> / NO <input type="checkbox"/>
iv) Past performance Where available, include relevant operating history If Yes, provide details:	YES <input type="checkbox"/> / NO <input type="checkbox"/>
v) Does the Operators MEL embody all operational procedures and processes for upgrade/downgrade of RVSM due to system failures within RVSM critical systems? If Yes, provide details:	YES <input type="checkbox"/> / NO <input type="checkbox"/>
vi) Plan for participation in verification/monitoring programmes The plan includes, as a minimum, a check on a sample of the operator's fleet by an regional monitoring agency (RMA) independent heigh-monitoring system? If Yes, provide details:	YES <input type="checkbox"/> / NO <input type="checkbox"/>
c) What is your Proposed Date for the commencement of RVSM operations?	

3. . 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: _____
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4. . Evidences attached to this request

a) List evidences attached to this request (add lines as needed)	
AFM or supplement	YES <input type="checkbox"/> / NO <input type="checkbox"/>



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Equipment description	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Training program	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Manuals and Checklists	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Past performance	YES <input type="checkbox"/> / NO <input type="checkbox"/>
MEL	YES <input type="checkbox"/> / NO <input type="checkbox"/>
Procedure describing the programme for the participation in the monitoring programme	YES <input type="checkbox"/> / NO <input type="checkbox"/>

5. 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 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.