

A 4 Provide the following contact details.

Registered Business Address (which is shown in AOC)

Business Location -----
 Phone -----
 Mobile -----
 Facsimile -----
 Email -----
 Postal address -----

A 5 Aircraft Details

Aircraft Manufacturer -----
 Serial Number -----
 Registration -----
 Aircraft Model -----
 Proposed date for the commencement
 of RVSM operations -----

This application is for multiple aircraft of the same type Appendix A has been completed

A6 Aircraft History

Has this aircraft previous under had RVSM approval Yes > Copy Attached No

Former registration under which approval was issued -----
 Previous Operator -----
 Previous approval issued by (Regulatory Body) -----
 Country of Issue -----
 Date of Issue, if known -----

Second Aircraft Details

Aircraft Manufacturer ----- Serial Number -----
 Registration -----
 Aircraft Model -----
 Proposed date for the commencement of RVSM operations. -----

Third Aircraft Details

Aircraft Manufacturer ----- Serial Number -----
 Registration -----
 Aircraft Model -----
 Proposed date for the commencement of RVSM operations. -----

Fourth Aircraft Details

Aircraft Manufacturer ----- Serial Number -----
 Registration -----
 Aircraft Model -----
 Proposed date for the commencement of RVSM operations. -----

Fifth Aircraft Details

Aircraft Manufacturer ----- Serial Number -----
 Registration -----
 Aircraft Model -----
 Proposed date for the commencement of RVSM operations. -----

Sixth Aircraft Details

Aircraft Manufacturer ----- Serial Number -----
 Registration -----
 Aircraft Model -----
 Proposed date for the commencement of RVSM operations. -----

Seven Aircraft Details

Aircraft Manufacturer -----Serial Number -----
 Registration -----
 Aircraft Model -----
 Proposed date for the commencement of RVSM operations.-----

Eight Aircraft Details

Aircraft Manufacturer -----Serial Number -----
 Registration -----
 Aircraft Model -----
 Proposed date for the commencement of RVSM operations. -----

B 4 What method will be used to conduct height monitoring?

B 5 Is an RNP operational authorization required? Yes No

If yes, what type RNP 10 RNP 4

Documents required by are attached

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B 6 Detail the method of RVSM training to be used for your flight crew.

a) External Training Provider Providers Name -----

OR

b) Internal Training & Checking for all Pilots within our approved organization for which the amendment to include RVSM into our Training and Checking manual is attached.

OR

c) Internal Training & Checking for all Pilots within our approved organization for which the RVSM training syllabus has previously been approved by DCA.

B 7 Supply the names and certificates of completion for crew who have completed RVSM and RNP training.

If applicable

Name ----- RVSM Training Certificate Attached
RNP Certificate Attached

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RNP Certificate Attached