

Application for RVSM approval

Submit application to:

CROATIAN CIVIL AVIATION AGENCY
Flight Operations and Training Department
Ulica grada Vukovara 284, 10000 Zagreb

| APPLICANT'S INFORMATION | |
|--|--|
| Applicant's name | |
| Applicant's address | |
| Applicant's identification number (OIB) | |
| Applicant's contact (Phone , E-mail) | |
| APPLICANT'S LEGAL REPRESENTATIVE INFORMATION | |
| Name and surname | |
| Address ¹ | |
| Personal identification number (OIB) | |
| Contact (Phone, E-mail) | |

¹ Fill in case of representation by power of attorney.

Completion of form: Each relevant box should be completed with a tick (✓) or a (X). Where form must be completed by referring to a document of applicant's documentation system, add manual reference, chapter and sub-chapter. Please ensure all applicable areas are completed.

1. GENERAL

| General Information | | | | |
|-----------------------------|------------------------|--|----------------------|--|
| Aeroplane Registration | Aeroplane Manufacturer | Aeroplane Type Designation / Model Designation | Aeroplane Serial No. | Aeroplane Mode S Address (Hexadecimal) |
| Aircraft Area of Operation: | | | | |

2. AIRWORTHINESS

| Eligibility Airworthiness Documents | | | | | | | | | | | | | |
|---|---|---------------------------------|-------|--------|---------------------|-------|--------|------------------------------|-------|--------|---------------------------------------|-------|--------|
| 1. | The approval of the RVSM systems installation is based on: <input type="checkbox"/> Type design <input type="checkbox"/> EASA STC <input type="checkbox"/> Service Bulletin <input type="checkbox"/> other (specify): _____ | | | | | | | | | | | | |
| 2. | Aeroplane Flight Manual (AFM) or AFM Supplement refers to following airworthiness approval basis for RVSM system installation: <input type="checkbox"/> JAA Temporary Guidance Leaflet (TGL) No. 6 <input type="checkbox"/> JAA Temporary Guidance Leaflet (TGL) No. 23 <input type="checkbox"/> FAA Document 91-RVSM <input type="checkbox"/> other (specify): _____ | | | | | | | | | | | | |
| Make and Model of Installed Navigation Equipment Required for RVSM Operations | | | | | | | | | | | | | |
| 3 | <table> <tr> <td>a) Altitude measurement system:</td> <td>Make:</td> <td>Model:</td> </tr> <tr> <td>b) SSR Transponder:</td> <td>Make:</td> <td>Model:</td> </tr> <tr> <td>c) Altitude alerting system:</td> <td>Make:</td> <td>Model:</td> </tr> <tr> <td>d) Automatic altitude control system:</td> <td>Make:</td> <td>Model:</td> </tr> </table> | a) Altitude measurement system: | Make: | Model: | b) SSR Transponder: | Make: | Model: | c) Altitude alerting system: | Make: | Model: | d) Automatic altitude control system: | Make: | Model: |
| a) Altitude measurement system: | Make: | Model: | | | | | | | | | | | |
| b) SSR Transponder: | Make: | Model: | | | | | | | | | | | |
| c) Altitude alerting system: | Make: | Model: | | | | | | | | | | | |
| d) Automatic altitude control system: | Make: | Model: | | | | | | | | | | | |

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|--|--|---|--------------------------|
| Other (specify): | | | |
| Maintenance Program | | Yes | No |
| 4. | The applicant should have an established Maintenance Program that contains all RVSM related maintenance requirements prescribed by manufacturer or design organisation? RVSM Maintenance program established? | <input type="checkbox"/> | <input type="checkbox"/> |
| Minimum Equipment List | | | |
| 5. | The applicant should revised parts of Minimum Equipment List to reflect system requirements (e.g. redundancy levels) appropriate to the intended RVSM operations? Minimum Equipment List revised? | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintenance Practices and Procedures (GAME; MOE, etc.) | | | |
| The applicant must institute procedures in respect of continuing airworthiness practices for RVSM. These procedures should cover the following subjects: | | <i>To be completed by applicant</i> RVSM Maintenance Practices and Procedures are described in (Add manual reference, chapter and sub-chapter) | |
| 6. | Maintenance of RVSM equipment (adherence to manufacturer's maintenance instructions, modification procedures, system calibration policy, leak check policy, skin waviness checks, autopilot / automatic altitude control maintenance practices, handling on-board systems, etc.) | | |
| 7. | Action for non-compliant aeroplane (downgrading reporting to CCAA, response to inquiries from EUR RMA, corrective actions, upgrading, etc.) | | |
| 8. | Maintenance Training (training of applicant's maintenance management staff, training of contractor's maintenance personnel, initial training, recurrent training, training syllabi, etc.) | | |
| 9. | Test Equipment (use of test equipment, handling, calibration, etc.) | | |

3. OPERATION

| | | |
|---|---|--|
| Operating Practices and Procedures (*) | | |
| The applicant must institute RVSM Operating Practices and Procedures. These practices and procedures should cover the following subjects: | | <i>To be completed by applicant</i> RVSM Operating Practices and Procedures are described in (add manual reference, chapter and sub-chapter): |
| 1. | Flight planning AMC2 SPA.RVSM.105(a) | |
| 2. | Pre-flight procedures AMC2 SPA.RVSM.105(b) | |
| 3. | Prior to RVSM airspace entry AMC2 SPA.RVSM.105(c) | |
| 4. | In-flight procedures AMC2 SPA.RVSM.105(d) | |
| 5. | Post-flight procedures AMC2 SPA.RVSM.105(e) | |
| Flight Crew Training and Qualification (*) | | |
| The applicant is required to establish the following (covering subjects under 3.1 to 3.5): | | <i>To be completed by applicant</i> Description in (add manual reference, chapter and subchapter): |
| 6. | Flight crew qualification requirements. | |
| 7. | Description of initial and recurrent training, checking-and training-syllabi. AMC2 SPA.RVSM.105(f) | |

4. APPLICATION PACKAGE

| Documentation to be submitted to the CCAA | Submitted? | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Compliance statement which shows how the criteria of JAA Temporary Guidance Leaflet No. 6 have been satisfied | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.. Sections of the AFM or AFM Supplements that document RVSM airworthiness approval | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Flight crew RVSM training programmes and syllabi for initial and recurrent training | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Operation manual and checklists that include RVSM operating practices and procedures. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Minimum Equipment List (MEL) that include items pertinent to RVSM operations | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Past performance (AMC1 SPA.RVSM.105(e)) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Maintenance program or revision thereof that include items pertinent to RVSM equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. RVSM maintenance practices & procedures (CAME, maintenance program, stand-alone document) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Service Bulletin, Supplemental Type Certificate (STC) or Major Modification Approval Documentation, if approval based on documents as detailed in 2.1 above (except if based on approved type design). | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Plan for participation in the RVSM monitoring program | <input type="checkbox"/> | <input type="checkbox"/> |

5. APPLICANT'S STATEMENT

The undersigned certifies the above information to be correct and true and that aeroplane system installation, continuing airworthiness of systems, minimum equipment for dispatch, operating procedures and flight crew training comply with applicable requirements of EC 965/2012.

| | | |
|---|-------------------|--------------|
| Name of Post Holder Maintenance: | Signature: | Date: |
| Name of Post Holder Operations: | Signature: | Date: |
| Name of Post Holder Training: | Signature: | Date: |

| | |
|---|--|
| Date: | |
| Applicant's name, surname & signature: | |

FOR OFFICIAL CCAA USE ONLY

| Subject | Responsible | Date | Signature |
|--|--------------|-------------------|-----------|
| 1. FOD-FRM-033 and item 4 application package checked for completeness. | OPS | | |
| 2. Airworthiness Approval granted (Appendix to Certificate of Airworthiness). | AWI | | |
| 3. Operational Approval granted (applicant's operating practices, procedures and training programs have been found in compliance with applicable requirements) | OPS | | |
| 4. Notification of RVSM Approval submitted to EUR RMA | OPS | | |
| 5. RVSM approval process administratively completed (OPS Update, and Exchange of Certificates). | OPS | | |
| Withdrawal of RVSM Approval | | | |
| <i>Reason:</i> | | | |
| <i>Notification to CMA and/or USC by:</i> | | | |
| <i>Name:</i> | <i>Date:</i> | <i>Signature:</i> | |