



APPLICATION FOR PERFORMANCE BASED NAVIAGATION APPROVAL

INSTRUCTIONS
Print or type. Do not write in shaded areas, these are for CAAP use only. Submit original only to the CAAP Flight Standards Inspectorate or CAAP Authorizes Person. If additional space is required, use an attachment.

A. APPLICATION INFORMATION:

1. NAME OF THE APPLICANT HOLDER	2. PERMANENT ADDRESS (Street or Postal Number)
4. CENTRAL TELEPHONE & FAX NUMBERS	5. CITY STATE/PROVINCE COUNTRY

B. MANAGEMENT CONTACTS:

1. NAME & TITLE OF OPERATION DIRECTION	PHONE #	E-MAIL
2. NAME & TITLE OF TRAINING DIRECTOR	PHONE #	E-MAIL
3. NAME & TITLE OF MAINTENACE DIRECTOR	PHONE #	E-MAIL

C. AIRCRAFT TO BE OPERATED;

1. AIRCRAFT M/M/S:	2. AIRCRAFT REGISTRATION(S):
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D. SCOPE OF APPLICATION:

ADD	NAVIGATION RELATED APPROVALS	ADD	NAVIGATION NOB-RELATED APPROVALS	ADD	SPECIAL AREA APPROVALS
<input type="checkbox"/>	1. RNAV 10 (RNP 10)	<input type="checkbox"/>	7. Advance RNP	<input type="checkbox"/>	1. NAT/ NAM
<input type="checkbox"/>	2. RNAV 5	<input type="checkbox"/>	8. RNP APRCH	<input type="checkbox"/>	2. PAC/RAC
<input type="checkbox"/>	3. RNAV 1 AND RNAV 2	<input type="checkbox"/>	9. RNP 0.3	<input type="checkbox"/>	3. SAM/RAC
<input type="checkbox"/>	4. RNP 4	<input type="checkbox"/>	10. RNP AR APCH	<input type="checkbox"/>	4. MD ASIA/RAC
<input type="checkbox"/>	5. RNP 2	<input type="checkbox"/>	11. Other	<input type="checkbox"/>	5. NORPAC
<input type="checkbox"/>	6. RNP 1	<input type="checkbox"/>		<input type="checkbox"/>	6. CEPAC

E. ADDITIONAL APPLICATION ATTACHMENTS:

<input type="checkbox"/> 1. PBN Conformance Checklist	<input type="checkbox"/> 5. MEL (with PBN adaptation)	<input type="checkbox"/> 9. Modification Approval Document
<input type="checkbox"/> 2. AFM (or AFM Supplement)	<input type="checkbox"/> 6. Relevant Maintenance Program	<input type="checkbox"/> 10. Database Supplier Approval
<input type="checkbox"/> 3. Relevant Operations Manuals	<input type="checkbox"/> 7. Related Maintenance Procedures	<input type="checkbox"/> 11. Aircraft PBN Conformity Checklist(s):
<input type="checkbox"/> 4. PBN Crew Training Programs	<input type="checkbox"/> 8. Database Integrity Procedures	<input type="checkbox"/> 12. Other (see reverse):

If more space is needed to list application contents, please enter in the space below.

G. ADDITIONAL INFORMATION PERTINENT TO THIS APPLICATION:

This space is provided for inclusion of information could not be inserted in the available category and spaces provided on front of form.

[Empty space for additional information]

H. APPLICANTS CERTIFICATION- The undersigned certify that all statements and answers provided on this application form and as attachments are complete and true to the best of my acknowledge and agree that they are to be considered as the part of the basis for issuance of any PBN Approval.

<i>A person shall not with instant to deceive or make any false representation for the purpose of procuring for himself or any other person the grant, issue, renewal, or variation of any such approval.</i>	DATE:	OPERATIONS DIRECTOR SIGNATURE:
	DATE:	TRAINING DIRECTOR SIGNATURE:
	DATE:	MAINTENANCE DIRECTOR SIGNATURE:

I. CAAP CERTIFICATION:

1. <input type="checkbox"/> APPROVED with the associated authorizations bearing the number shown above.		2. <input type="checkbox"/> DISAPPROVED
<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> All request granted <input type="checkbox"/> Limitations		
3. Signature	4. Title	5. Date