



APPLICATION FOR SPECIAL OPERATIONAL APPROVALS

A. DETAILS OF AIRCRAFT:

- | | |
|---------------------------------|----------------------|
| 1. Registration Mark: P4- _____ | 2. A/C Mfr.: _____ |
| 3. Model: _____ | 4. Serial No.: _____ |

B. DETAILS OF APPLICANT:

- | | |
|--|------------------|
| 1. Operator: _____ | |
| 2. Name Coordinator/Administrator (1): _____ | |
| 3. Tel.: _____ | 4. E-mail: _____ |
| 5. Name Coordinator/Administrator (2): _____ | |
| 6. Tel.: _____ | 7. E-mail: _____ |

C. APPLYING FOR SPECIAL APPROVAL:

| | Page Ref.: | AMC Ref.: | Additional remarks from the Applicant: |
|---|------------|-----------|--|
| 1. <input type="checkbox"/> RVSM, | 2 | AMC-036 | _____ |
| 2. <input type="checkbox"/> MNPS/RVSM | 2 | AMC-036 | _____ |
| 3. <input type="checkbox"/> RNP≤0.3 Authorization | 2 | AMC-036 | _____ |
| 4. <input type="checkbox"/> RNP≤0.3 Approach | 2 | AMC-036 | _____ |
| 5. <input type="checkbox"/> RNAV-1/PR-NAV | 2 | AMC-036 | _____ |
| 6. <input type="checkbox"/> RNAV-2 | 2 | AMC-036 | _____ |
| 7. <input type="checkbox"/> RNAV-5/BR-NAV | 2 | AMC-036 | _____ |
| 8. <input type="checkbox"/> RNP-4 | 2 | AMC-036 | _____ |
| 9. <input type="checkbox"/> RNP-10 | 2 | AMC-036 | _____ |
| 10. <input type="checkbox"/> CAT I (Below standard) | 3 | AMC-035 | _____ |
| 11. <input type="checkbox"/> CAT II | 3 | AMC-035 | _____ |
| 12. <input type="checkbox"/> CAT III <input type="checkbox"/> a | 3 | AMC-035 | _____ |
| <input type="checkbox"/> b | 3 | AMC-035 | _____ |
| 13. <input type="checkbox"/> EFB | 4 | AMC-033 | _____ |
| 14. <input type="checkbox"/> HUD/EVS | 5 | AMC-034 | _____ |
| 15. <input type="checkbox"/> CPDLC | 6 | AMC-037 | _____ |
| 16. <input type="checkbox"/> GPS (Approach) | 2 | AMC-036 | _____ |
| Additional Information <input type="checkbox"/> | 7 | ----- | _____ |

D. APPLICATION DECLARATION:

By signing the application I hereby declare, to the best of my knowledge, that the above information and the corresponding pages are correct and true and the aeroplane equipment, continuing airworthiness, minimum equipment for dispatch, operating procedures and flight crew training comply with the requirements of DCA-Aruba.

Date (day/month/year)

Name of applicant

Position of applicant

Signature of applicant



APPLICATION FOR SPECIAL OPERATIONAL APPROVALS

C. - (1. -9.)

DESIGNATED AIRSPACE,

C. -16.

refer to AMC-036

1. SCOPE OF APPLICATION

- | | |
|--|---|
| <p>(tick)</p> <p>C.-1. <input type="checkbox"/> RVSM,</p> <p>C.-2. <input type="checkbox"/> MNPS/RVSM</p> <p>C.-3. <input type="checkbox"/> RNP≤0.3 Authorization</p> <p>C.-4. <input type="checkbox"/> RNP≤0.3 Approach</p> <p>C.-5. <input type="checkbox"/> RNAV-1/PR-NAV</p> | <p>(tick)</p> <p>C.-6. <input type="checkbox"/> RNAV-2</p> <p>C.-7. <input type="checkbox"/> RNAV-5/BR-NAV</p> <p>C.-8. <input type="checkbox"/> RNP-4</p> <p>C.-9. <input type="checkbox"/> RNP-10</p> <p>C.-16. <input type="checkbox"/> GPS (approach)</p> |
|--|---|

2. SUPPORTING DOCUMENTATION

(tick if attached)

Proof of required equipment & MNPS/RVSM/RNAV/RNP capability:

- | | |
|--|--|
| <input type="checkbox"/> Letter(s) from manufacturer at testing compliance OR | <input type="checkbox"/> Type Certificate |
| <input type="checkbox"/> Aircraft Flight Manual (AFM) OR | <input type="checkbox"/> Supplemental Type Certificate (STC) |

Adequacy of maintenance support:

- Attestation from maintenance organisation
- Maintenance Programme references

MMEL/MEL: Proposed amendment *(submit with application if applicable)*

Previous airspace approval: *(submit with application if available)*

3. GENERAL AVIATION OPERATORS ONLY

(tick if attached)

- | | |
|--|---|
| Operations Manual (SOPs) | <input type="checkbox"/> Procedures included and acceptable |
| Aircraft checklists (e.g. QRH) | <input type="checkbox"/> Checklists adequate |
| Adequacy of maintenance support | <input type="checkbox"/> Determined to be acceptable |
| Training – Pilot | <input type="checkbox"/> Conducted to formal syllabus for initial/recurrent |
| Navigation data base | <input type="checkbox"/> Controlled and documented |
| Provision of information for area of operation | <input type="checkbox"/> Charts, publications & NOTAMs etc. are adequate |

4. COMMERCIAL OPERATION ONLY

(tick if attached)

- | | |
|--|---|
| Operations Manual | <input type="checkbox"/> OMA proposed amendment |
| Aircraft checklist (SOPs & QRH) | <input type="checkbox"/> OMB proposed amendment |
| Provision of information for area of operation | <input type="checkbox"/> OMC proposed amendment |
| Training syllabi | <input type="checkbox"/> OMD Proposed amendment |
| Navigation data base | <input type="checkbox"/> Controlled |

5. DETAILS *(additional information continuing on page 7)*



APPLICATION FOR SPECIAL OPERATIONAL APPROVALS

C.- (10.-12.)

ALL WEATHER OPERATIONS (AWO),

refer to AMC-035

1. SCOPE OF APPLICATION

(tick if applicable)

DH, RVR, TO Min in Meters of Feet

| | DH | RVR | Take off minima |
|---|-------|-------|-----------------|
| <input type="checkbox"/> Lower than Standard Cat I | _____ | _____ | _____ |
| <input type="checkbox"/> CAT II | _____ | _____ | _____ |
| <input type="checkbox"/> Other than Standard CAT II | _____ | _____ | _____ |
| <input type="checkbox"/> CAT III | _____ | _____ | _____ |

2. MAINTENANCE DOCUMENTATION

(tick if attached)

- Proof of aircraft capability: Type Certificate
 Aircraft Flight Manual (AFM) **OR** Service Bulletin (S/B) **OR** Supplemental Type Certificate (STC)
- Exposition (MME) Proposed amendment
Maintenance programme Proposed amendment
MMEL/MEL Proposed amendment

3. AIRCRAFT EQUIPMENT

(tick if applicable)

(tick if applicable)

- | | |
|---|---|
| <input type="checkbox"/> Two localiser & glide slope systems <input type="checkbox"/> Communication system <input type="checkbox"/> Marker beacon with aural & visual indications <input type="checkbox"/> Two gyroscopic pitch & bank indicating systems <input type="checkbox"/> Two gyroscopic direction indicating systems <input type="checkbox"/> Two airspeed indicators <input type="checkbox"/> Two sensitive altimeters | <input type="checkbox"/> Two vertical speed indicators <input type="checkbox"/> Flight control guidance system <input type="checkbox"/> Dual controls <input type="checkbox"/> External vented static pressure system with alternate source <input type="checkbox"/> Windshield wiper <input type="checkbox"/> Heated pitot system <input type="checkbox"/> Radio Altimeter |
|---|---|

4. OPERATIONS

(tick if attached)

- Operations Manual (SOPs) Proposed amendment
Aircraft checklist (QRH) Proposed amendment
Training syllabi Proposed amendment
TRTO Simulator Approved for AWO
Approach plates (make)

5. PROPOSED SCHEDULE OF EVENTS

Documentation submission date: _____

TRTO inspection date: _____

Flight observation date: _____



APPLICATION FOR SPECIAL OPERATIONAL APPROVALS

C.-13. ELECTRONIC FLIGHT BAG (EFB), refer to AMC-033

1. EFB HARDWARE

Hardware Class Class 1 Class 2 Class 3

Make & Type: _____

On-board Power Supply (add details): _____

Installation Method: _____

EMI Demonstration*: _____

Rapid Depressurization Testing*: _____

2. EFB SOFTWARE APPLICATIONS

Software Application Type: Type A Type B

Data Storage Device: Installed CD/DVD Other* _____

Notebook Notepad PDA Make & Type: _____

Data control & update procedure*: _____

3. OPERATIONS & TRAINING

(tick if attached)

Tasks to be performed using EFB – add on page 7. *(Also refer to AMC-033 Appendix A or B)*

Operational Risk Analysis completed *(attach)*

Data base currency, control and quality *(add details)*

Contingency procedures *(in Operations Manual)*

Crew basic training *(in Operations Manual; attach)*

Crew recurrent training *(in Operations Manual; attach)*

4. SUPPORTING DOCUMENTATION

(tick if attached)

AFM, AFM Supplement, STD *(if applicable)*

Operations Manual (SOPs)

Operations Manual training

Operational Evaluation Test Report

Final Operational Report

MEL *(if applicable)*

Operational Risk Analysis *(if applicable)*



APPLICATION FOR SPECIAL OPERATIONAL APPROVALS

C.-14. HEADS UP-DISPLAY (HUD) AND EVS, refer to AMC-034

1. Approval Requested

HUD only, EVS only, HUD and EVS.

Make & Type: _____

Operational credit requested: Yes No

If yes, provide details below: _____

2. Airworthiness Supporting Documentation

(tick if attached)

- AFM showing aircraft certification standard
- STC *(if applicable)*
- Maintenance Programme *(amendments)*
- MMEL/MEL

3. Operations Supporting Documentation

(tick if attached)

- AFM, AFM Supplement, STD *(if applicable)*
- Operations Manual (SOPs)
- Operations Manual training

4. Details *(additional information continuing on page 7)*



APPLICATION FOR SPECIAL OPERATIONAL APPROVALS

C.-15. CONTROL/PILOT DATA LINK COMMUNICATIONS (CPDLC), refer to AMC-037.

1. Supporting Documentation

(tick if attached)

Proof of required equipment & CPDLC capability:

- Letter(s) from manufacturer attesting compliance **OR** Type Certificate
 Aircraft Flight Manual (AFM) **OR** Supplemental Type Certificate (STC)

MMEL/MEL: Proposed amendment *(only if applicable)*

Adequacy of maintenance support: Attestation from maintenance organisation Maintenance Programme references *(If applicable)*.

Previous CPDLC approval *(If applicable)*

2. General Aviation Operators Only

(tick if attached)

- | | |
|--|---|
| Operations Manual (SOPs) | <input type="checkbox"/> Procedures included and acceptable |
| Aircraft checklists (e.g. QRH) | <input type="checkbox"/> Checklists adequate |
| Adequacy of maintenance support | <input type="checkbox"/> Determined to be acceptable |
| Training – Pilot | <input type="checkbox"/> Conducted to formal syllabus for initial/recurrent |
| Provision of information for area of operation for CPDLC | <input type="checkbox"/> Charts, publications & NOTAMs etc. are adequate |

3. Commercial Operation Only

(tick if attached)

- | | |
|--|---|
| Operations Manual | <input type="checkbox"/> OMA proposed amendment |
| Aircraft checklist (SOPs & QRH) | <input type="checkbox"/> OMB proposed amendment |
| Provision of information for area of operation for CPDLC | <input type="checkbox"/> OMC proposed amendment |
| Training syllabi | <input type="checkbox"/> OMD Proposed amendment |
| Previous CPDLC approval | <input type="checkbox"/> <i>(If applicable)</i> |

4. Details *(additional information continuing on page 7)*
