# APPLICATION FOR RVSM APPROVAL

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| STATE OF REGISTRY1 | **Click here to enter text.** |
| NAME OF OPERATOR2 | **Click here to enter text.** |
| 3 LETTER ICAO OPERATOR CODE3 | **Click here to enter text.** |
| STATE OF OPERATOR4 | **Click here to enter text.** |
| AICRAFT TYPE5 | **Click here to enter text.** |
| AIRCRAFT SERIES6 | **Click here to enter text.** |
| MANUFACTURER’S SERIAL NUMBER7 | **Click here to enter text.** |
| REGISTRATION MARK8 | **Click here to enter text.** |
| DATE OF REGISTRY9 | **Click here to enter text.** |
| 24 BIT ICAO ADDRESS (MODE S)10 | **Click here to enter text.** |
| RVSM AIRWORTHINESS COMPLIANCE REF11 | **Click here to enter text.** |
| RVSM APPROVAL REQUEST*(Describe and attach supporting documentation for each field)* | |
| DESCRIPTION OF AIRCRAFT EQUIPMENT | **Click here to enter text.** |
| TRAINING PROGRAMMES AND OPERATING PRACTICES AND PROCEDURES | **Click here to enter text.** |
| OPERATIONS MANUAL AND CHECKLISTS | **Click here to enter text.** |
| PAST PERFORMANCE | **Click here to enter text.** |
| MINIMUM EQUIPMENT LIST | **Click here to enter text.** |
| MAINTENANCE | **Click here to enter text.** |
| PLAN FOR PARTICIPATION IN VERIFICATION/MONITORING PROGRAMMES | **Click here to enter text.** |
| REQUEST FOR AIRSPACE APPROVAL  (ref. to ICAO Document 7030/4) | **Click here to enter text.** |
| SUPPORTING DOCUMENTATION | **Click here to enter text.** |

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| APPLICANT’S STATEMENT OF COMPLIANCE  The documentation sent to LV CAA has been verified by the applicant and found in compliance with the applicable requirements to apply for the issue of operational approval to conduct flights in RVSM airspace. The aircraft, their crew and other operational personnel are considered compliant with Part-SPA Subpart D requirements.  Responsible Individual/Nominated person: **Click here to enter text.**  Name: **Click here to enter text.**  Signature:  Date: **Click here to enter text.** |

INSTRUCTIONS FOR COMPLETING THE FORM

1 Enter the one or two letter ICAO State identifier as contained in ICAO Doc. 7910, or full name.

2 Enter the full operator name as contained in ICAO Doc. 8585 or full legal name.

3 Enter the operator 3 letter code as contained in ICAO Doc. 8585 or for General Aviation enter IGA.

4 Enter the one or two letter ICAO State identifier as contained in ICAO Doc. 7910, or full name.

5 Enter full manufacturer model, or as a minimum the ICAO designator as contained in ICAO Doc. 8643.

6 Enter the aircraft series or manufacturer’s custom designator.

7 Enter the manufacturer’s serial number.

8 Enter the registration mark of the aircraft.

9 Enter the date this registration was allocated to this airframe.

10 Enter the 24 bit ICAO aircraft address (Mode S) allocated by the State using 6 digit hexadecimal format.

11 Enter the TC, TC amendment, SB or STC number which confirms compliance with RVSM aircraft airworthiness requirements.

*(For official use only)*

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| **Subject** | **Responsible** | **Date** | **Signature** |
| 1. Application for RVSM Approval and application package has been checked for completeness. | AOD |  |  |
| 1. Aircraft holds airworthiness approval from the responsible authority, indicating that the aircraft is eligible for RVSM operations. | AD |  |  |
| 1. Aircraft altimetry systems continue to meet RVSM approval criteria that are verified by scheduled tests and inspections in conjunction with an approved maintenance programme. | AD |  |  |
| 1. Adequate maintenance facilities are available to enable compliance with the RVSM maintenance procedures. | AD |  |  |
| 1. Operating procedures unique to the airspace have been incorporated in Operations Manual. | AOD |  |  |
| 1. High levels of aircraft height keeping performance can be maintained. | AOD |  |  |
| 1. Operational approval granted (operations specifications to AOC or list of specific approval). | AOD |  |  |
| 1. RVSM approval process administratively completed (OPS update and exchange of information). | AOD |  |  |
| 1. The EUROCONTROL form RMA F2 “Record of approval to operate in RVSM airspace” completed and sent to the Regional Monitoring Agency. | AOD |  |  |