

Application for TEMPORARY (One Time) RVSM Approval for use with a Permit to Fly

TS-CFL-Form_SPA.RVSM_TEMP

BACKGROUND

The purpose of a temporary (One Time) RVSM approval is to allow qualified aircraft/operators to fly in RVSM airspace during temporarily authorized flights i.e., flights conducted under a Permit to Fly (PtF) according to Part 21, subpart P.

TEMPORARY (One Time) RVSM Approval fulfil the short-term requirements of 965/2012 Part SPA, Subpart D but does not require long term requirements to be fulfilled.

Short term requirements: aircraft RVSM airworthiness approval, current accomplishment of RVSM maintenance requirements, crew capability and operating procedures.

CAA-DK will make this application form available on the website.

Upon receipt of the completed form CAA-DK will check and mark each line of the form.

When all lines are checked satisfactorily the temporary RVSM approval is granted by CAA-DK by signing the form.

The TEMPORARY (One Time) RVSM Approval is granted for one flight only and is associated with the specific PtF authorizing this flight.

The temporary RVSM approval is reported by CAA-DK to Eurocontrol on form EUR RMA F2 where field RVSM expiry date is filled in.

The temporary RVSM approval is not provided to the operator directly. It is provided by CAA-DK via the PtF under conditions: "RVSM flight allowed provided no MMEL RVSM defects are released".

If Applicant is not an AOC and the Flight Crew is not employed by this AOC then the names of the pilots shall be listed on the PtF Flight Conditions.

Additional forms:

Complete and submit this form (in addition to present form):

- EUR RMA F2 - Record of Approval to Operate in RVSM Space.
(This form is available in the FORMS library on CAA-DK web site).

References

EU:

Regulation (EU) 965/2012 (Air Operations):

- SPA.RVSM.100 "RVSM operations".
- SPA.RVSM.105 "RVSM operational approval" including AMC & GM.
- SPA.RVSM.110 "RVSM equipment requirements" including AMC.
- SPA.RVSM.115 "RVSM height-keeping errors".

RVSM Airworthiness specifications:

- CS-ACNS-RVSM or its predecessor ref AMC1 ACNS.E.RVSM.001:
- JAA TGL 6, Rev. 1 or its predecessor:
- JAA Information Leaflet No. 23.
- FAA Memorandum 91-RVSM.

Area	Reference etc.	Requirement or topic	Applicant compliance or response	CAA-DK Checked + initial
GENERAL INFORMATION				
General; <u>Applicant info</u>		Applicant:		
		AOC number (if applicable):		
		Aeroplane registration:		
		Aeroplane manufacturer:		
		Aeroplane Type:		
		Aeroplane Serial Number:		
General; <u>Documents</u> included in the Application Package	AMC1 SPA.RVSM.105 (a)	Showing of RVSM Airworthiness Approval	Exhibit from AFM/AFMS: Yes <input type="checkbox"/> No <input type="checkbox"/> if yes; specify section/page: <u>Or</u> Other : Yes <input type="checkbox"/> No <input type="checkbox"/> Specify:	
	AMC1 SPA.RVSM.105	Past performance Relevant operating history, where available, should be included in the application. The applicant should show that any required changes have been made in training, operating or maintenance practices to improve poor height-keeping performance.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> if yes; specify:	
		Form EUR RMA F2	Yes <input type="checkbox"/>	
		Flight Crew RVSM qualification documentation (unless flight crew is employed by AOC performing the flight)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<u>Permit to Fly (PtF)</u> associated with this temporary RVSM approval application		Associated Permit to Fly with just one purpose and one flight leg has been applied for	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Flight leg DEP - ARR		
		PtF expected dates FROM - TO		
AIRWORTHINESS				
Airworthiness Qualification	SPA.RVSM.105 (a) RVSM operational approval	Aeroplane certified for RVSM:	Yes <input type="checkbox"/> by build <input type="checkbox"/> or by modification <input type="checkbox"/> Specify details and references (fill in regardless of certified by build or modification):	
		Approval basis:	CS-ACNS-RVSM: Yes <input type="checkbox"/> No <input type="checkbox"/> <u>or</u> JAA TGL 6 Rev. 1: Yes <input type="checkbox"/> No <input type="checkbox"/> or JAA Information Leaflet No. 23: Yes <input type="checkbox"/> No <input type="checkbox"/> <u>or</u> FAA Memorandum 91-RVSM: Yes <input type="checkbox"/> No <input type="checkbox"/> <u>or</u> Other: Yes <input type="checkbox"/> No <input type="checkbox"/> Specify:	

Area	Reference etc.	Requirement or topic	Applicant compliance or response	CAA-DK Checked + initial
Airworthiness Maintenance status	AMC3 SPA.RVSM.105(a)	Have all due RVSM-related maintenance instructions issued by the type certificate holder been performed?	Yes <input type="checkbox"/> N/A <input type="checkbox"/> Specify details (must be filled in):	
OPERATIONAL ISSUES				
TRAINING	SPA.RVSM.105 "c"	<u>Flight Crew Members QUALIFICATION</u>	Aircraft will be flown by RVSM trained pilots employed by RVSM qualified AOC. Specify AOC: _____ ----- OR ----- Aircraft will be flown by following RVSM-trained pilots: Name: _____ RVSM Qualification (specify and attach documentation): _____ Name: _____ RVSM Qualification (specify and attach documentation): _____	
	AMC2 SPA.RVSM.105(f)	<u>Crew training</u> <u>Following items were included in the flight crew training programme</u>	Specify compliance per item in following 7 fields.	
	(1)(i)	knowledge and understanding of standard ATC phraseology used in each area of operations;	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	(1)(ii)	importance of crew members cross-checking to ensure that ATC clearances are promptly and correctly complied with;	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	(1)(iii)	use and limitations in terms of accuracy of standby altimeters in contingencies. Where applicable, the pilot should review the application of static source error correction/position error correction through the use of correction cards; such correction data should be available on the flight deck;	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	(1)(iv)	problems of visual perception of other aircraft at 300 m (1 000 ft) planned separation during darkness, when encountering local phenomena such as northern lights, for opposite and same direction traffic, and during turns;	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	(1)(v)	characteristics of aircraft altitude capture systems that may lead to overshoots;	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	(1)(vi)	relationship between the aircraft's altimetry, automatic altitude control and transponder systems in normal and abnormal conditions; and	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	(1)(vii)	any airframe operating restrictions, if required for the specific aircraft group, related to RVSM airworthiness approval.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
PROCEDURES	SPA.RVSM.105(d)	<u>Procedures</u> operating procedures have been established specifying:	Specify compliance per item in following 9 fields.	
		(2) flight crew composition and experience requirements;		
		(3) flight planning;		

Area	Reference etc.	Requirement or topic	Applicant compliance or response	CAA-DK Checked + initial
		(4) pre-flight procedures;		
		(5) procedures prior to RVSM airspace entry;		
		(6) in-flight procedures;		
		(7) post-flight procedures;		
		(8) incident reporting;		
		(9) specific regional operating procedures.		

Applicants Statement

The undersigned certifies the above provided information to be correct and true.

NCC/NCO operators: Name and signature of Accountable Manager only.

<u>NPFO</u> (Nominated Person Flight Operations) NCC/NCO: Accountable Manager	Signature	Date
<u>NPCA</u> (Nominated Person Continuous Airworthiness)	Signature	Date
<u>NPCT</u> (Nominated Person Crew Training)	Signature	Date

CAA-DK approval

CAA-DK approval / Trafikstyrelsens godkendelse			
To be filled in only by CAA-DK / Udfyldes af Trafikstyrelsen			
Approval reference number: (Workzone number, use same as PtF-WZ-number)			
OPERATIONAL		AIRWORTHINESS	
Name:		Name:	
Date:		Date:	
Signature:		Signature:	
Form EUR RMA F2 completed and send to Eurocontrol:	Yes <input type="checkbox"/>		
	Period From:		Period To: