

	SIERRA LEONE CIVIL AVIATION AUTHORITY RVSM OPERATIONS APPLICATION FORM	Reference	FORM:O-FSS029
		Revision	01
		Date	

Completion of form:

1. Each relevant box should be completed with a tick (√) as applicable. Items marked with an asterisk (*) to be completed only for the first aeroplane type/model in operator's fleet.
2. Where form must be completed by referring to a document of applicant's documentation system, add manual reference, chapter and sub-chapter.
3. For Group Aircraft a single form may be submitted. However, the inspectors may require certain aircraft documentation to be submitted for each aircraft.
4. Please ensure all applicable areas are completed.

1. GENERAL

General Information		
1. Applicant:		
2. Aeroplane Registration(s):		
3. Aeroplane Manufacturer:		
4. Aeroplane Type Designation / Model Designation:		
5. Serial No(s):		
6. Aeroplane Address for each aircraft (24 DIGIT CODE):		
Scope of Application	YES	NO
7. Application for Normal RVSM operations?	<input type="checkbox"/>	<input type="checkbox"/>
8. Application for NAT RVSM operations?	<input type="checkbox"/>	<input type="checkbox"/>
9. Other (specify):		
10. Is this an initial request for RVSM approval for aeroplane type referenced in 4?	<input type="checkbox"/>	<input type="checkbox"/>
For Official Use Only:		

8. Maintenance Program that contains all RVSM related maintenance requirements prescribed by the manufacturer or design organisation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Relevant parts of the Minimum Equipment List to reflect system requirements (e.g. redundancy levels, maintenance procedures) appropriate to the intended RVSM operations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Maintenance Practices and Procedures (*)		
The applicant must institute procedures in respect of continuing airworthiness practices for RVSM covering the following:		<i>To be completed by applicant</i> RVSM Maintenance Practices and Procedures are described in (manual reference, chapter and sub- chapter):
10. Maintenance of RVSM equipment (adherence to manufacturer's maintenance instructions, modification procedures, repair procedures, system calibration policy, leak check policy, skin waviness checks, autopilot /automatic altitude control maintenance practices, handling of on-board systems, etc.).		
11. Action for non-compliant aeroplane (downgrading, reporting to the CAA, response to inquiries, corrective actions, upgrading, etc.).		
12. Maintenance Training (training of applicant's maintenance management staff, training of contractor's maintenance personnel, syllabi, etc.).		
14. Test Equipment (use of test equipment, handling, calibration, etc.).		
	For Official Use Only:	

3. OPERATIONS

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 Procedures are described in (manual reference, chapter and sub-chapter):
1. Flight planning procedures for operations in RVSM airspace.	
2. Crew Pre-flight procedures for each flight in RVSM airspace	
3. RVSM in-flight procedures (prior to entry, and during flight in RVSM airspace); ACAS procedures; Specific regional operating procedures – MNPS, European RVSM, Pacific Airspace, etc.); Reporting of wake turbulence encounters in RVSM airspace; etc.).	
4. Procedures with respect to flight crew response to abnormal situations (reporting of altitude deviations and altimetry system errors, contingency procedures after entering RVSM airspace, etc.).	
5. Post-flight procedures (technical log entries, defects description, reporting of altitude deviations and altimetry system errors, etc.).	

Flight Crew Training and Qualification (*)	
The applicant is required to establish the following:	<i>To be completed by applicant</i> Description in (add manual reference, chapter and sub- chapter):
6. Flight crew qualification requirements (aircraft type)	
7. Description of initial and recurrent training, checking and training syllabi.	
For Official Use Only:	

4. APPLICATION PACKAGE

Documentation listed below to be submitted to the SLCAA. Operator shall complete this Part of the Form. Tick Yes if documents have been submitted	YES	NO
1. Completions of this Form showing how the regulatory requirements 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 manuals and checklists showing inclusion of RVSM operating practices and procedures (OM-A, OM-B, OM-C, OM-D, AOM or FCOM, Route Manuals, or stand-alone RVSM manual as applicable).	<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. Maintenance program or revision thereof that includes items pertinent to RVSM equipment.	<input type="checkbox"/>	<input type="checkbox"/>
8. RVSM maintenance practices & procedures (MME, maintenance program, stand-alone document).	<input type="checkbox"/>	<input type="checkbox"/>
9. Service Bulletin, Supplemental Type Certificate (STC) or Major Modification Approval Documentation, as applicable (except if application based on approved type design).	<input type="checkbox"/>	<input type="checkbox"/>
10. Plan for participation in the RVSM monitoring program.	<input type="checkbox"/>	<input type="checkbox"/>
For Official Use Only:		

5. APPLICANT 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 RVSM requirements.		
Post Holder Maintenance (Name):	Signature:	Date:
Post Holder Operations (Name):	Signature:	Date:
<i>(For official use only)</i>		
CPM or Inspector Receiving Application (Name):	Signature:	Date Received: