



## APPLICATION FOR PBCS and ADS-B APPROVAL

### INSTRUCTIONS

*Print or type. Do not write in shaded areas, these are for CAAV use only. Submit original only to the Flight Safety Standards Department or a CAAV Authorized Person. If additional space is required, use an attachment.*

A. APPLICANT INFORMATION:				
1. NAME OF APPLICANT OR HOLDER	2. PERMANENT ADDRESS ( <i>Street or Postal Number</i> )			
3. CENTRAL TELEPHONE & FAX NUMBERS	4. CITY	STATE/PROVINCE	MAIL CODE	COUNTRY

B. MANAGEMENT CONTACTS:		
1. NAME & TITLE OF OPERATIONS DIRECTOR	PHONE #	E-MAIL
2. NAME & TITLE OF TRAINING DIRECTOR	PHONE #	E-MAIL
3. NAME & TITLE OF MAINTENANCE DIRECTOR	PHONE #	E-MAIL

C. AIRCRAFT TO BE OPERATED:	
1. AIRCRAFT MMS:	2. AIRCRAFT REGISTRATION(S):

D. SCOPE OF APPLICATION: <input type="checkbox"/> Initial Request <input type="checkbox"/> Additional Request			
ADD	COMMUNICATION-RELATED APPROVALS	ADD	SURVEILLANCE-RELATED APPROVALS
<input type="checkbox"/>	1. RCP 240	<input type="checkbox"/>	3. RSP 180
<input type="checkbox"/>	2. RCP 400	<input type="checkbox"/>	4. RSP 400
		<input type="checkbox"/>	5. ADS-B

E. ADDITIONAL APPLICATION ATTACHMENTS:					
<input type="checkbox"/>	1.PBCS & ADS-B Conformance Checklist	<input type="checkbox"/>	4. Training Programs (PBCS & ADS-B)	<input type="checkbox"/>	7.Relevant Operations Manuals
<input type="checkbox"/>	2.Aircraft Conformity Checklist(s):	<input type="checkbox"/>	5.Relevant Maintenance Program	<input type="checkbox"/>	8.CSP's Contract
<input type="checkbox"/>	3.Relevant Maintenance Program	<input type="checkbox"/>	6.MEL	<input type="checkbox"/>	9. Other (see reverse):

**F. 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.

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**G. APPLICANT'S CERTIFICATION—** The undersigned certifies that all statements and answers provided on this aircraft conformity report are complete and true to the best of my knowledge and agree that they are to be considered as part of the basis for issuance of any PBN approval.

	DATE:	OPERATIONS DIRECTOR SIGNATURE:
	DATE:	TRAINING DIRECTOR SIGNATURE:
	DATE:	MAINTENANCE DIRECTOR SIGNATURE:

**H. PBCS – ADS-B CONFORMITY ACCEPTABLE:**

1. <input type="checkbox"/> <b>APPROVED</b> (Aircraft added to the operations specifications with PBN authority. <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> All Requests Granted <input type="checkbox"/> Limitations	2. <input type="checkbox"/> <b>DISAPPROVED</b>	
3. Signature of Approving Official	4. Title	5. Date