**TECHNICAL PROPOSAL - DESCRIPTION OF THE WORK PLAN – FORM B1 – CORRIGENDUM NO. 1 (PAGE 15 AND 17)**

1. Objectives, Concept and approach (maximum 3 pages)
2. **Concept**

Applicants shall describe how the project is relevant for the main objectives of the call and in particular provide a detailed description of:

1. methods of implementation of the operational activities;
2. description of assumptions, models and tools needed for the implementation of the proposed activities
3. milestones or key points to help monitor progress;
4. how the project intends to build on a previous project or previous activities (where applicable);
5. **Approach**

Applicants shall describe the objectives for the grant, which shall be consistent with the aim of the call for proposals.

These objectives are concrete statements describing what the applicant organisation is trying to achieve in order to reach its general and specific objectives. They must be defined at a level which allows them to be evaluated. They shall also be specific, measurable, realistic, and time-bound (containing an indication of the time within which they must be reached). Objectives can be hierarchically and temporally structured, so that the achievement of some objectives is a precondition for another.

1. Expected Impact (maximum 3 pages)

Describe how your project will contribute to:

1. maximise the operational use of EGNOS in aviation,
2. deliver economic and public benefits,
3. describe any barriers/obstacles, and any framework conditions (such as regulation and standards), that may determine whether and to what extent the expected impacts will be achieved.
4. Implementation (maximum 3 pages)

**I. Work plan**

Please provide the following:

* + 1. **Overall structure of the work plan**
* brief presentation
  + 1. **Timing of the different WPs and their components**
* Gantt chart or similar
  + 1. **List of work packages.**

The proposals must also include a major sub-division of the proposed project into work packages, numbered 1 through ‘n’ (this might include the indication of part of the activities subcontracted or carried out by third parties).

Please provide the list of work packages, using the table below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **List of work packages** | | | | | | |
| **Work package No** | **Work Package Title** | **Lead Participant No** | **Lead Participant Short Name** | **Man-days** | **Start Month** | **End Month** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* + 1. **Work package description.**

Please provide the description of each work package listed above, using the table below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WORK PACKAGE ID** | | | | | |  |
| **Title** |  | | | | | |
| **Start date/Event** | |  | **End date/Event** |  | | |
| **Total person-hours for work package** | | |  | | | |
| **Person-hours per participant for work package** | | | | | | |
| **Participant Role** | | | **Organisation** | | **Person-hours:** | |
| Participant 1 Role | | |  | |  | |
| Participant 2 Role | | |  | |  | |
|  | | |  | |  | |
|  | | |  | |  | |
| **Objectives and approach:** | | | | | | |
| **Description of work** (where appropriate, broken down into tasks), coordinator and role of co-applicants: | | | | | | |
| **Deliverables of the WP** (brief description and month of delivery): | | | | | | |

* + 1. **List of major deliverables.**

A deliverable refers to a distinct and tangible output of the project, meaningful in terms of the overall objectives, generally related to a specific objective and related set of activities and constituted by a report, tool, etc. The following table must list all planned deliverables with a short description of the content and its link with the project plan and the expected delivery date and periodicity. For each deliverable a dissemination level (public or confidential) shall be added. Each project should include a deliverable dedicated to capturing the lessons learned and operation benefits. In Areas C, D, E and F: Activity including one demonstration or other dissemination activity of the project result at the specific event if requested by GSA should be included.

Please provide the list of deliverables (in accordance with section 2.4 of the Call for Proposals), using the table below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Deliverables** | | | | | | | |
| **Deliverable ID** | **Title** | **Short description** | **Estimated**  **Delivery date** | **Periodicity**  (a) | **Type**  (b) | **Distribution**  (c) | **WP Ref.**  (d) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Notes:

* 1. Periodicity may include: Annual, Quarterly, Monthly, ad-hoc, etc.
  2. R = Report; SP = Specification, T= Tool, O = Other.
  3. P = Public, open for public dissemination (public deliverables shall be of a professional standard in a form suitable for print or electronic publication);

CO = Confidential, restricted under conditions to be set out in the Specific Grant Agreement. Irrespective of the status, all reports and deliverables must be made accessible to the other project participants, and to the GSA.

ER = External restricted (eg. Members, stakeholder groups or other particular target

groups)

* 1. Corresponding to the specific WP ID they refer to.
     + 1. **Management structure and procedures**
     1. **Organisational structure and related milestones**

Describe the organisational structure and the decision-making (please include a list of milestones as in the table below). Explain why the organisational structure and decision-making mechanisms are appropriate to the complexity and scale of the project. Describe, where relevant, how effective innovation management will be addressed in the management structure and project plan.

| **Milestones** | | | | |
| --- | --- | --- | --- | --- |
| **Milestone number** | **Milestone name** | **Related work package(s)** | **Estimated date** | **Means of verification** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* + 1. **Risks and mitigation measures**

Describe any critical risks, relating to project implementation, that the stated project objectives may not be achieved. Detail any risk mitigation measures. Please provide the following table with critical risks identified and mitigating actions.

|  |  |  |
| --- | --- | --- |
| **Risks** | | |
| **Description of risk** | **Work package(s) involved** | **Proposed risk-mitigation measures** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* + - 1. **Consortium as a whole**

Describe the consortium. How will it match the project’s objectives? How do the members complement one another (and cover the value chain, where appropriate)? In what way does each of them contribute to the project? How will they be able to work effectively together? Please note that the individual members of the consortium are described in the form A4. There is no need to repeat that information here.

Describe the industrial/commercial involvement in the project to ensure exploitation of the results and explain why this is consistent with and will help to achieve the specific measures which are proposed for exploitation of the results of the project.

* + - 1. **Resources to be committed**

Please make sure the information in this section matches the costs as stated in the budget table in form C1 of the administrative forms, and the number of man-days, shown in the detailed work package descriptions.

Please provide the following:

1. **Summary of planned staff effort**

Proposals must include an aggregated overview of planned efforts, described as number of man-days over the whole duration of the planned work, for each work package, for each participant. Identify the work-package leader for each WP by showing the relevant man-day figure in bold.

Please follow the structure below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Planned Staff Effort** | | | | | | |
| **Work package No** | **Work Package Title** | **Co-ordinator** | **Participant 2** | **Participant 3** | **…** | **Total**  **man-days** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total Man-days** | |  |  |  |  |  |

1. **Other direct costs.**

Provide justification of the Other direct cost items (travel, equipment, goods and services, etc.) for all applicants (as stated in cost category 2 of their C1 form).

|  |  |  |
| --- | --- | --- |
| **Other direct costs** | | |
| ***Applicant Name: […]*** | **Cost (€)** | **Justification** |
| ***Travel*** |  |  |
| ***Equipment*** |  |  |
| ***Goods and services*** |  |  |
| ***…*** |  |  |
| **Total** |  |  |

1. **Subcontracting**

Provide list of subcontractors involved in the project including the company to be subcontracted (if known), description of subcontracted activities and estimated budget. If an applicant is planning to use more than one subcontractor each one should be listed separately.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of applicant** | **Subcontractor company name (if known)** | **Estimated costs** | **WP** | **Description of subcontracted activities** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

TECHNICAL ANNEXES

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1 - Consortium / Company Details.** Do not include subcontractors. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Leader (n. 1)** | | | **Company name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Company category**  (select one of the options below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Country** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Partner n. 2** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Partner n. 3** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Partner n. 4** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Partner n. 5** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Partner n. 6** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Partner n. 7** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Partner n. 8** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **…** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company categories:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Air Navigation Service Provider 2. Airport Owner/Manager 3. Airport Association | | | | | | | | | | | | | | | | | | | | 1. Heliport Owner/Manager 2. Helipad Association 3. Helicopter Operator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1. Business Operator 2. Regional Operator 3. Commercial Operator | | | | | | | | | | | | | | | | | | | | | | | 1. Flight School / General Aviation 2. Operator Association 3. Aircraft Manufacturer | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1. Avionics Manufacturer 2. Part 21 Organisation 3. Part 45 Organisation 4. Other (please specify) | | | | | | | | | | | | | | | |
| **Section 2 – Technical Proposal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Indicate the Areas of Activities covered in your proposal and the exact number of implementation activities (e.g. 2 LPV approach procedures-one for each RWY end- or 3 aircraft upgrade and certification)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A – RNP APCH procedures to LPV minima** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | **Number of RWY ends** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **Number of Airports** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **Fill in corresponding section 2.A** | | | | | | | | | | | | | | | | | | | | | | | |
| **B – PinS Procedures to LPV minima** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | **Number of PinS** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **Number of Helipads** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **Fill in corresponding section 2.B** | | | | | | | | | | | | | | | | | | | | | | | |
| **C – Aircraft or rotorcraft forward fit** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | **Number of Aircraft/models** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **Fill in corresponding section 2.C** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D – Aircraft or rotorcraft retrofit** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | **Number of Aircraft** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **Fill in corresponding section 2.D** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E – Development of Service Bulletin** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | **Number of SBs** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **Fill in corresponding section 2.E** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **F – Development of Supplemental Type Certificate** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | **Number of STCs** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **Applicable aircraft models** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **Fill in corresponding section 2.F** | | | | | | | | | | | | | | | | | | | | | | | |
| **G – Development of enablers and other EGNOS based operations** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | **Please specify:** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Fill in corresponding section 2.G** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2.A – RNP APCH Procedures down to LPV minima. Fill in one 2.A form for each aerodrome** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Airport name:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **ICAO code:** | | | | | | | | | | | | | |  | | | | | | | | | | | **IATA code:** | | | | | | | | | | | |  | | | | | | **Country:** | | | | | | | | | | |  | | | | | | | | | | **Serving ANSP:** | | | | | | | | | | | | |  | | | | | | | | | |
| **Aerodrome infrastructure and facilities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of RWYS** | | | | |  | | | | | | | | **Airspace class (A/B/C/D/E/G)** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **Is it a licensed/public aerodrome? (Y/N)** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **Is it used for commercial transport operations? (Y/N)** | | | | | | | | | | | | | | | | | | | | | | |  | | | | **Air Traffic Services1:** | | | | | | | | | | | | | | |  | | | |
| **Runway description** | | | | | **ICAO Annex 14 classification2:** | | | | | | | | | | | | | **If non-instrument RWY indicate** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | **RWY name (heading)** | | | | | | | | | | | | | | | | **Existing APCH procedures3:** | | | | | | | | | | | | | **Marking/lighting/Approach lighting system** | | | | | | | | | | | |
| **Length/width (m)** | | | | | | | | | | | | | | | | | | | **Is it paved? (Y/N)** | | | | | | | | | | | | | | | | | | | | **Lighting / marking?** | | | | | | | | | | | | | | | | | | |
| **RWY 1** | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **RWY end 1** | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |
| **RWY end 2** | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |
| **RWY 2** | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **RWY end 3** | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |
| **RWY end 4** | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |
| **RWY 3** | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **RWY end 5** | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |
| **RWY end 6** | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |
| **What is the percentage of operations at the aerodrome of each different traffic type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Provide a list of main operators:** | | | | | | | | | | | | |
| **Training** | |  | | | | | | | **Recreational / General aviation** | | | | | | | | | | | | | | | |  | | | | | **Business aviation** | | | | | | | | | | | | | | | | | | |  | | | | | | | **Commercial cargo** | | | | | | | | | | | |  | | | | **Regional commercial** | | | | | | | | | | | | | | | |  | | | | | **Commercial airlines** | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | |
| **Planned activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Which RWY ends are you planning on implementing LPV approaches for?** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | **Are you planning to include other minima LNAV, LNAV/VNAV? If so, indicate which one/s.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **Are you planning to design instrument SIDs and STARs?** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Indicate which activities are covered in the proposal:** | | | | | | | | | | | | | | | **Check if applicable:** | | | | | | | | | | | | **Completion date4** | | | | | | | | | | | | | | | | | | | **Total Cost (€)** | | | | | | | | | | | | | **Main responsible partner** | | | | | | | | | | | | | | | | | | | | | | | **Subcontractor (if needed)** | | | | | | | | | | | | | **Subcontracting costs** | | | | | | | | | | | | | | **Description/Comments** | | | | | | | | | | | | | | |
| **Site Survey** | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Procedures design** | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Ground and flight validation** | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Safety Assessment** | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Publication on AIP** | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Other (specify)** | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Other (specify)** | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Expected Impact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does any SBAS certified aircraft operate at the aerodrome or are you aware of any plans? (Y/N)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **If so, indicate operator, number of aircraft, aircraft model and average number of operations per month** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the aerodrome expected to increase the number of operations by implementing LPV? (Y/N)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **If so, indicate why** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Will LPV help to reduce disruptions (Y/N)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **If so, indicate why** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | **Will you decommission any navaids?** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Will LPV help increase safety at the aerodrome (Y/N)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **If so, indicate why** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does your proposal enclose a support letter from your CAA? (Y/N)** | | | | | | | | | | | | | | | | | | |  | | | | **If it doesn’t. Are they informed about your project? If so, what was their answer?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Select:**  **1 - No ATS – Air to Air Com; 2 - AFIS;**  **3 - Full ATC** | | | | | | | | | | | | | | | | | **2. Select:**  **Non-instrument; Non-Precision Instrument; Precision Instrument** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **3. Select:**  **Visual, NDB, VOR, DME, RNP APCH (LNAV), RNP APCH(LNAV/VNAV), RNP APCH (LPV), ILS, GLS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **4. Completion date (MM/YYYY) assuming that the project will start in Oct 2018 (10/2018)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2.B – PinS Procedures to LPV minima. Fill in one 2.B form for each PinS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Main heliport or landing location name:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **ICAO code:** | | | | | | | | | | | | | |  | | | | | | | | | | | **IATA code:** | | | | | | | | | | | |  | | | | | | **Country:** | | | | | | | | | | |  | | | | | | | | | | **Serving ANSP:** | | | | | | | | | | | | |  | | | | | | | | | | |
| **Heliport infrastructure and facilities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number # of FATOs** | | | |  | | | | | | | | **Airspace class (A/B/C/D/E/G)** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **Is it a licensed/public heliport? (Y/N)** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **Is it used for commercial transport operations? (Y/N)** | | | | | | | | | | | | | | | | | | | | | | |  | | | | **Air Traffic Services1:** | | | | | | | | | | | | | | |  | | | | | |
| **Heliport description** | | | | **Heliport type** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Existing APCH procedures2:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Marking/lighting/Approach lighting systems** | | | | | | | | | | | | | | | | | | |
| **Main (Site 1)** | | | | **Surface level** | | | | | | | | | | | | |  | | | | | | **Elevated** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **Oilrig** | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **PinS approaches can serve more than one heliport or landing site. If this is your case, please specify below the characteristics of the remaining heliports / landing sites** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Site 2** | | | | **Surface level** | | | | | | | | | | | | |  | | | | | | **Elevated** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **Oilrig** | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Site 3** | | | | **Surface level** | | | | | | | | | | | | |  | | | | | | **Elevated** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **Oilrig** | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **What is the percentage of operations of each different traffic type:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Provide a list of main operators:** | | | | | | | | | | | | | |
| **Training** |  | | | | | | | **HEMS** | | | | | | | | | | | | | | | |  | | | | | **Business aviation** | | | | | | | | | | | | | | | | | | |  | | | | | | | **Passenger transport** | | | | | | | | | | | |  | | | | **Touristic flights** | | | | | | | | | | | | | | | |  | | | | | **Aerial works** | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |
| **Planned activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are you planning to include LNAV minima? (Y/N)** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | **Will the PinS be connected to an existing IFR route? (Y/N)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **Are you planning to design PinS departures?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| **Indicate which activities are covered in the proposal:** | | | | | | | | | | | | | | **Check if applicable:** | | | | | | | | | | | | **Completion date3** | | | | | | | | | | | | | | | | | | | **Total Cost (€)** | | | | | | | | | | | | | **Main responsible partner** | | | | | | | | | | | | | | | | | | | | | | | **Subcontractor (if needed)** | | | | | | | | | | | | | **Subcontracting costs** | | | | | | | | | | | | | | **Description/Comments** | | | | | | | | | | | | | | | |
| **Site Survey** | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Procedures design** | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Ground and flight validation** | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Safety Assessment** | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Publication on AIP** | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Other (specify)** | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Expected Impact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does any SBAS certified helicopter operate at the aerodrome? (Y/N)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **If so, indicate operator, number of aircraft, aircraft model and number of operations per month** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is it expected to increase the number of operations by implementing PinS LPV? (Y/N)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **If so, indicate why** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Will PinS LPV help reduced disruptions (delays, diversions or cancellations) (Y/N)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **If so, indicate why (e.g. lower minima, better accessibility, cloud break procedure)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | **Will you decommission any navaids? Indicate which ones and when.** | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Will PinS LPV help increase safety at the aerodrome (Y/N)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **If so, indicate why (e.g. enhanced situational awareness during nighty ops)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does your proposal enclose a support letter from your CAA? (Y/N)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **If it doesn’t. Have you informed them of your intentions? If so, what was their answer?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Select:**  **1 - No ATS – Air to Air Com; 2 - AFIS;**  **3 - Full ATC** | | | | | | | | | | | | | | | | **2. Select:**  **Visual, NDB, VOR, DME, RNP APCH (LNAV), RNP APCH(LNAV/VNAV), RNP APCH (LPV), ILS, GLS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1. **Indicate expected completion date (MM/YYYY) assuming that the project will start in Oct 2018 (10/2018)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2.C – Aircraft or rotorcraft forward fit. Fill in one 2.C form for each different aircraft or rotorcraft model** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Aircraft** |  | **Rotorcraft** | | | | |  | | | **Manufacturer and model** | | | | | | | | | | |  | | | | | | | | | | | **Number of units** | | | | | | | |  | | | | | | | | | **Approximate MTOW** | | | | | | | | |  | | |
| **What is the use you will make of this aircraft (select all that apply):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Training** | | |  | | | **Recreational / General aviation** | | | | | | | |  | | | **Business aviation** | | | | | |  | | **Commercial cargo** | | | | | |  | | | **Regional commercial** | | | | | | |  | | | **Commercial** | | | | | | | |  | | **Other (indicate):** | | |  | | | |
| **Default avionics installation. Does the standard version of this aircraft/rotorcraft model count on the following avionics?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADF/NDB** |  | | | | **VOR/DME** | | |  | | | | **ILS** | | | | | |  | | **GPS (indicate model)** | | | | | | | |  | | | | | | | | | | **FMS (indicate model)** | | | | | | | | | |  | | | | | | | | | | | | |
| **Is the aircraft/rotorcraft already certified against the following specifications?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RNAV 10** |  | | | | **RNAV 5** | |  | | | **RNAV 2** | | |  | | | **RNAV 1** | | | | | |  | | **RNP APCH** | | | | |  | **If RNP APCH, indicate minima type:** | | | | | | | | | | | | **LNAV** | | |  | | **LNAV/VNAV** | | | |  | | | | **LP** |  | **LPV** | |  |
| **Is the aircraft/rotorcraft already certified against the following surveillance specifications?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADS-B out** |  | | | | **ADS-B out&in** | |  | | | **ADS-C** | | |  | | | **Transponder mode A,C, S** | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **In case the aircraft is already certified for RNP APCH procedures down to LPV minima (AMC 20-28), indicate the purpose of this forward fit** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is this retrofit solely for ADS-B purposes, or combination of ADS-B and LPV?** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Provide a list of main destinations:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you know which of these destinations have an LPV (or will have one in the near future)?** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **How many LPV operations per year are estimated at these airports?** | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Planned activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is there an available SB/STC for the changes? If so, indicate holder**  **(if not, please consider activities F and G of the call)** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **Are you considering this upgrade as a part of a larger modification?** | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Indicate which activities are covered in the proposal:** | | | | | | | | | **Check if applicable:** | | | | | | **Completion date1** | | | | | | | **Total Cost (€)** | | | | | **Main responsible partner** | | | | | | | | | | | | **Subcontractor (if needed)** | | | | | | | **Subcontracting costs** | | | | | | | **Description/Comments** | | | | | | | |
| **Hardware acquisition** | | | | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |
| **Installation and certification2** | | | | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |
| **Crew training** | | | | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |
| **Documentation** | | | | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |
| **Operational Approval3** | | | | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |
| **Other (specify)** | | | |  | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |
| **Other (specify)** | | | |  | | | | | | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |
| **Expected Impact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Why are you considering this functionality?** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you expect significant savings in your operational costs by implementing LPV? Why?** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | **Will you access to new destinations? Which ones?** | | | | | | | | | | | |  | | | | | | | | | | | |
| **What other aircraft are on your fleet? Are they SBAS certified? If not, is there an STC available?** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **Are you planning any replacements? Will the new a/c be SBAS capable?** | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **1.Indicate expected completion date (MM/YYYY) assuming that the project will start in Oct 2018 (10/2018)** | | | | | | | | | | | **2. This comprises the upgrade of existing avionics (SW, HW, cabling, connectors, etc.) and the airworthiness certification in the form of an existing SB or STC. If there is not SB or STC available, they could be considered in topics F and G of the call.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **3. Operational approval for RNP APCH down to LPV minima against AMC-2028 should be granted by the NSA to the operator** | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2.D – Aircraft or rotorcraft retrofit. Fill in one 2.D form for each different aircraft or rotorcraft model** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Aircraft** |  | | **Rotorcraft** | | | | |  | | | **Manufacturer and model** | | | | | | | | | |  | | | | | | | | **Number of units** | | | | | | |  | | | | | | | | **Approximate MTOW** | | | | | | | |  | | |
| **What is the use you will make of this aircraft (select all that apply):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Training** | | | |  | | | **Recreational / General aviation** | | | | | | |  | | | **Business aviation** | | | |  | | **Commercial cargo** | | | | |  | | **Regional commercial** | | | | | | |  | | | **Commercial** | | | | | |  | | | **Other (indicate):** | | |  | | |
| **Default avionics installation. Does the standard version of this aircraft/rotorcraft model count on the following avionics?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADF/NDB** | |  | | | | **VOR/DME** | | |  | | | | **ILS** | | | | |  | | **GPS (indicate model)** | | | | | |  | | | | | | | **FMS (indicate model)** | | | | | | | | | |  | | | | | | | | | | | |
| **Is the aircraft/rotorcraft already certified against the following specifications?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RNAV 10** | |  | | | | **RNAV 5** | |  | | | **RNAV 2** | | |  | | **RNAV 1** | | | | |  | **RNP APCH** | | |  | | **If RNP APCH, indicate minima type:** | | | | | | | | **LNAV** | | |  | | | | **LNAV/VNAV** | | | | |  | | | **LP** |  | **LPV** |  |
| **Is the aircraft/rotorcraft already certified against the following surveillance specifications?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADS-B out** | |  | | | | **ADS-B out&in** | |  | | | **ADS-C** | | |  | | **Transponder mode A,C, S** | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **In case the aircraft is already certified for RNP APCH procedures down to LPV minima (AMC 20-28), indicate the purpose of this retrofit** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is this retrofit solely for ADS-B purposes, or combination of ADS-B and LPV?** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Provide a list of main destinations:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you know which of these destinations have an LPV (or will have one in the near future)?** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | **How many LPV operations per year are estimated at these airports?** | | | | | | | | | | | | | |  | | | | | | | | | |
| **Planned activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is there an available SB/STC for the changes? If so, indicate holder (dealer/ FBO / Part 21). If not, please consider activities F and G of the call** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | **Are you considering this upgrade as a part of a larger modification?** | | | | | | | | | | | | |  | | | | | | | | | |
| **Indicate which activities are covered in the proposal:** | | | | | | | | | | **Check if applicable:** | | | | | **Completion date1** | | | | | | **Total Cost (€)** | | | **Main responsible partner** | | | | | | | | | | **Subcontractor (if needed)** | | | | | | | **Subcontracting costs** | | | | | | | **Description/Comments** | | | | | | |
| **Hardware acquisition** | | | | | | | | | |  | | | | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **Installation and certification2** | | | | | | | | | |  | | | | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **Crew training** | | | | | | | | | |  | | | | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **Documentation** | | | | | | | | | |  | | | | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **Operational Approval3** | | | | | | | | | |  | | | | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **Other (specify)** | | | | |  | | | | | | | | | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **Other (specify)** | | | | |  | | | | | | | | | |  | | | | | |  | | |  | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |
| **Expected Impact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Why are you considering this functionality?** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you expect significant savings in your operational costs by implementing LPV? Why?** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **Will you access to new destinations? Which ones?** | | | | | | | | | | | |  | | | | | | | | | | |
| **What other aircraft are on your fleet? Are they SBAS certified? If not, is there an STC available?** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | **Are you planning any replacements? Will the new a/c be SBAS capable?** | | | | | | | | | | | |  | | | | | | | | | | |
| **1. Indicate expected completion date (MM/YYYY) assuming that the project will start in Oct 2018 (10/2018)** | | | | | | | | | | | | **2. This comprises the upgrade of existing avionics (SW, HW, cabling, connectors, etc.) and the airworthiness certification in the form of an existing SB or STC. If there is not SB or STC available, they could be considered in topics F and G of the call.** | | | | | | | | | | | | | | | | | | | | | | | | | | | **3.Operational approval for RNP APCH down to LPV minima against AMC-2028 should be granted by the NSA to the operator** | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2. E – Development of Service Bulletin for RNP APCH down to LPV minima. Fill in one 2.E form for each Service Bulletin** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Aircraft Manufacturer (DAH)** | | | | | | | |  | | | | | | | | | | | | | | | | **Applicable Aircraft Model(s):** | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Does the SB apply to new a/c, a/c in use or both?** | | | | | | | | | | | | |  | | | | | | | **Is this SB development part of a forward fit plan (Section 2.C)?** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Default avionics installation. Does the standard version of this aircraft model count on the following avionics?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADF/NDB** | |  | | **VOR/DME** | | |  | | **ILS** | | | | |  | | | **GPS (please indicate model)** | | | | | | | | | | | |  | | | | | | | **FMS (please indicate model)** | | | | | | |  | | | | | | |
| **Is the aircraft already certified against the following specifications?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RNAV 10** |  | | **RNAV 5** | | |  | | **RNAV 2** | |  | | **RNAV 1** | | |  | | | | **RNP APCH** | | | | | | |  | **If RNP APCH so, indicate minima type:** | | | | | **LNAV** | | |  | | **LNAV/VNAV** | | | | |  | | | **LP** |  | | **LPV** |  |
| **In case the aircraft is already certified for RNP APCH procedures down to LPV minima (AMC 20-28), indicate the purpose of this Service Bulletin development** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Planned activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Indicate which activities are covered in the proposal:** | | | | | | | | | | | **Check if applicable:** | | | | | **Completion date1** | | | | | | | **Total Cost (€)** | | | | | | | **Main responsible partner** | **Subcontractor (if needed)** | | | | | | | **Subcontracting costs** | | | | | | **Description/Comments** | | | | | |
| **Aircraft Survey** | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | |  |  | | | | | | |  | | | | | |  | | | | | |
| **Design Data Package completion** | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | |  |  | | | | | | |  | | | | | |  | | | | | |
| **A/C conversion and ground test** | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | |  |  | | | | | | |  | | | | | |  | | | | | |
| **Compliance demonstration** | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | |  |  | | | | | | |  | | | | | |  | | | | | |
| **SB design approval** | | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | | |  |  | | | | | | |  | | | | | |  | | | | | |
| **Other (specify)** | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | |  |  | | | | | | |  | | | | | |  | | | | | |
| **Other (specify)** | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | |  |  | | | | | | |  | | | | | |  | | | | | |
| **Expected Impact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is the number of a/c units that you expect to sell in Europe in the next 5 years with this SB functionality?** | | | | | | | | | | | | | | | |  | | | | | **Has any operator already shown interest in this SB feature? If so, please indicate company and number of units.** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **What is the estimated final cost of this SB for the operator?** | | | | | | | | | | | | | | | | | |  | | | | | | | **Will the SB include other features than the certification for LPV use? If so, please indicate which ones** | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Do you, as manufacturer, count on other aircraft models in production which are already certified for use in RNP APCH procedures to LPV minima? If so indicate which models and the fitted EGNOS avionics.** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | **What is the number of operating units in Europe for older versions of this aircraft model?** | | | | | | | | | | | | |  | | |
| **1. Indicate expected completion date (MM/YYYY) assuming that the project will start in Oct 2018 (10/2018)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2. F – Development of Supplemental Type Certificate for RNP APCH down to LPV minima. Fill in one 2.F form for each STC** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Aircraft Manufacturer** | | | |  | | | | | | | **Applicable Aircraft Model(s):** | | | | | | | | | | | |  | | | | | | | | | | **Part 21 (DOA):** | | | | |  | | | | | | |
| **Has the FAA approved a similar STC?** | | | | | | | | |  | | **Is it an AML STC application?** | | | | | | | | | | | |  | | | **Which GPS/EGNOS avionics will be installed?** | | | | | | |  | | | | | | | | | | | |
| **Is this STC development part of a retrofit plan (Section 2.D)?** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current avionics installation. Does the current aircraft model count on the following avionics?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADF/NDB** |  | **VOR/DME** | | | |  | | | | **ILS** | | | | | |  | | **GPS (please indicate model)** | | | | | | | | | | |  | | | | | **FMS (please indicate model)** | | | | | | |  | | | |
| **Is the aircraft certified against any of the following specifications?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RNAV 10** |  | **RNAV 5** | | |  | | | **RNAV 2** | | |  | | | | **RNAV 1** | | | |  | **RNP APCH** | | | |  | | | **If RNP APCH so, indicate minima type:** | | | | **LNAV** | | | |  | **LNAV/VNAV** | | |  | **LP** | |  | **LPV** |  |
| **In case the aircraft is already certified for RNP APCH procedures down to LPV minima (AMC 20-28), indicate the purpose of this STC** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Planned activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Indicate which activities are covered in the proposal:** | | | | | | | **Check if applicable:** | | | | | | **Completion date1** | | | | | | | | **Total Cost (€)** | | | | | | | **Main responsible partner** | | **Subcontractor (if needed)** | | **Subcontracting costs** | | | | | **Description/Comments** | | | | | | | |
| **Aircraft Survey** | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | |  | |  | | | | |  | | | | | | | |
| **Design Data Package completion** | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | |  | |  | | | | |  | | | | | | | |
| **A/C conversion and ground test** | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | |  | |  | | | | |  | | | | | | | |
| **Compliance demonstration** | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | |  | |  | | | | |  | | | | | | | |
| **STC design approval** | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | |  | |  | | | | |  | | | | | | | |
| **Other (specify)** | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | |  | |  | | | | |  | | | | | | | |
| **Other (specify)** | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | |  | |  | | | | |  | | | | | | | |
| **Expected Impact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Do you know the number of eligible operating units in Europe for this aircraft model?** | | | | | | | | | | | |  | | | | | | | | | | **Has any operator already shown interest in this STC feature? If so, please indicate company and number of units that they would upgrade.** | | | | | | | | | | | | | | |  | | | | | | | |
| **What is the estimated final cost of this STC for the operator (including installation and labour)?** | | | | | | | | | | | | | |  | | | | | | | | | | | **Will the STC include other features than the certification for LPV use? If so, please indicate which ones** | | | | | | | | | | | |  | | | | | | | |
| **1. Indicate expected completion date (MM/YYYY) assuming that the project will start in Oct 2018 (10/2018)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2. G – Development of enablers and other EGNOS based operations** | | | | | | | | |
| **Please provide a description of the main objective, scope and expected impact of the proposed activities** | | | |  | | | | |
|  | | | | | | | | |
| **Activities breakdown. Indicate which activities are covered in the proposal:** | | | | | | | | |
| **Activity:** | **Description** | | **Completion date1** | | **Total Cost (€)** | **Main responsible partner** | **Subcontractor (if needed)** | **Subcontracting costs** |
| **1** |  | |  | |  |  |  |  |
| **2** |  | |  | |  |  |  |  |
| **3** |  | |  | |  |  |  |  |
| **4** |  | |  | |  |  |  |  |
| **5** |  | |  | |  |  |  |  |
| **6** |  | |  | |  |  |  |  |
| **7** |  | |  | |  |  |  |  |
| **Expected Impact** | | | | | | | | |
| **Please explain the main benefits and expected impact of your activities** | |  | | | | | | |
|  | | | | | | | | |
| **1. Indicate expected completion date (MM/YYYY) assuming that the project will start in Oct 2018 (10/2018)** | | | | | | | | |

|  |  |
| --- | --- |
| **OPERATIONAL CAPACITY – Form B2** | |
| **Organisation Legal Name** |  |
| **Short Name** |  |
| **Legal Status** |  |

|  |
| --- |
| Description of the profile of the people primarily responsible for managing and implementing the activities including description of its relevant competences, previous experience (according to their profiles or CVs), previous experience in similar projects and describing the ability to carry out the objectives of this Call of Proposals. |
| Description of the technical equipment, tools or facilities at the disposal of the applicant |
| Description of the role of each applicant (coordinator, co-applicants and affiliated entities) in the organisational structure in general and regarding the performance of activities subject to grant agreement (even with making reference to other part of the proposal) |

After completing Forms B1, B2 please fill in the following checklists based on the category of your activities.

* **Checklist for Air Navigation Service Providers**:

|  |  |  |
| --- | --- | --- |
| **Proposal contents** | **Y/N** | **Comments** |
| I have described how the project will contribute to maximise use of EGNOS in aviation. |  |  |
| I have described how the project will contribute to deliver safety, operational, economic and social benefits. |  |  |
| I have described, listed or mentioned who will be flying the new RNP APCH procedures down to LPV minima. |  |  |
| I have included, in my list of deliverables, the minimum set of mandatory deliverables listed in the Technical Proposal template (Form ~~B3~~ B1) |  |  |
| **Project feasibility considerations** | **Y/N** | **Proposed means of compliance, if applicable** |
| I have checked that EGNOS performances in my target airport/s are compliant with the requirements of my competent authority. |  | [Airport/s within EGNOS SoL SDD APV and/or LPV200, commitment areas, airports out or in the edge of commitment areas but prior local performance studies conducted, ...] |
| I have guarantees that the organisation in charge of the survey of obstacles is authorised to do so by the competent authority. |  | [Use of an approved obstacles survey organisation] |
| - If not authorised, I have agreed with my competent authority the way in which the application's obstacle survey considerations will be processed to final approval, and hence will not arise as a project stopper. |  | [agreement with the competent authority to accept and process applications where a formally approved obstacle survey organisation is not present] |
| I have guarantees that the organisation in charge of the flight inspection is authorised to do so by the competent authority. |  | [Use of an approved flight inspection organisation] |
| - If not authorised, I have agreed with my competent authority the way in which the application's flight inspection considerations will be processed to final approval, and hence will not arise as a project stopper. |  | [agreement with the competent authority to accept and process applications where a formally approved flight inspection organisation is not present] |
| I have guarantees that the organisation in charge of the design of the procedures is authorised to do so by the competent authority. |  | [Use of an approved PD organisation] |
| - If not authorised, I have agreed with my competent authority the way in which the application's procedure design considerations will be processed to final approval, and hence will not arise as a project stopper. |  | [agreement with the competent authority to accept and process applications where a formally approved PD organisation is not present] |
| A *SES certified ATS Air Navigation Service Provider (ANSP)* is sponsoring the new instrument approach procedures. This ANSP will be "responsible" of operating the instrument approach procedures, assuming the related liabilities during and after their entry into service. |  |  |
| An *organisation other than a SES certified ATS Air Navigation Service Provider (ANSP)* is sponsoring the new instrument approach procedures. In this case, I have preliminarily defined, together with my competent authority: |  |  |
| - the scheme of liabilities to make use of EGNOS SIS for the sponsored EGNOS-based operations, with the preliminary acceptance of external parties, if any; |  | [Please describe if applicable] |
| - if required, availability of information related to: |  |  |
| - EGNOS SIS availability |  | [Please describe if applicable] |
| - Notifications on the status of EGNOS SIS and related contingency procedures |  | [Please describe if applicable] |
| - GNSS Data Recording |  | [Please describe if applicable] |
| I have anticipated and described a way forward to minimise the risks arising from: |  |  |
| - the runway classification, for the non-instrument or non-precision instrument cases |  | [Please describe if applicable: how my competent authority will permit publishing APV or PA operations in a non-precision instrument runway] |
| - the implementation of IAPs in a non-controlled airspace |  | [Please describe if applicable: how the RNP APCH will be operated within non-controlled airspace] |
| - the unavailability of Air Navigation Services (ATS, MET, CNS, AIS) |  | [Please describe if applicable: which working methods and coordination means will be set-up to put the procedures in operation] |
| - the coexistence of the new procedures with existing airspace structures in the vicinity of the airport/s |  | [Please describe if applicable] |
| I have considered realistic timescales in order to set up the planning of my project (i.e. prepared in accordance with internal and external resources availability, procurement periods, consultation processes, review and approval processes, etc) |  |  |
| My project proposal is backed-up by means of a formal "letter of support" (or equivalent/similar notification) from my competent authority |  |  |
| I have identified other LPV implementation projects conducted in the same country as where my target airport/s is/are, and from which I can obtain valuable lessons learnt applicable to my project. |  |  |

* **Checklist for Operators**:

|  |  |  |
| --- | --- | --- |
| **Proposal contents** | **Y/N** | **Comments** |
| I have described how the project will contribute to maximise use of EGNOS in aviation. |  |  |
| I have described how the project will contribute to deliver safety, operational, economic and social benefits. |  |  |
| I have described, listed or mentioned the destinations where my aircraft will be making use of the new LPV capability, and the approximate number of flights expected in each destination. |  |  |
| I have included, in my list of deliverables, the minimum set of mandatory deliverables listed in the Technical Proposal template (Form ~~B3~~ B1) |  |  |
| **Project feasibility considerations** | **Y/N** | **Proposed means of compliance, if applicable** |
| I have checked that the proposed avionics solution has already been deployed and is in use in the same aircraft model, or in other similar/comparable aircraft. |  | [The LPV capability is operational in another operator flying the same model; or is operational in another aircraft which is comparable from an avionics architecture perspective to the one I propose to modify] |
| The proposed aircraft upgrade makes use of an existing EASA-approved STC or SB. Alternatively, EASA conversion of a third-country STC is seek, having no major hurdles been foreseen during the conversion process. |  |  |
| The design of a new STC is proposed. The organisation in charge of the STC design (Part 21) has experience in the retrofiting of aircraft for LPV capabilities. |  |  |
| My aircraft is certified for IFR. |  |  |
| I have checked that the proposed cockpit upgrade is compatible with the operations I intend to conduct and I am aware about potential limitations |  |  |
| - I am aware I might be requested autopilot coupling for single pilot IFR operations |  |  |
| - I am aware that having TAWS A installed requires Mode 5 alert (excessive glidepath downward deviation) coupled to LPV to reach DH < 250ft |  |  |
| I have made provision to provide adequate PBN training to my flight crews (i.e. theoretical and practical training by means of classes, CBT, simulator and/or in-flight training) |  |  |
| I have agreed with my competent authority the way of showing compliance to gain PBN, and specifically LPV, privileges in the Operations specs (e.g. Operations Manual amendments and SOPs including training, formal application process if requested, applicable forms, etc) |  |  |
| I have considered realistic timescales in order to set up the planning of my project (i.e. prepared in accordance with internal and external resources availability, procurement periods, consultation processes, review and approval processes, etc |  | [Aircraft modifications planned so as to minimise operational impact -mods planned during C-checks-] |
| My project proposal is backed-up by means of a formal "letter of support" (or equivalent/similar notification) from my competent authority |  |  |