Each relevant box should be completed with a tick (√) or a (X). Where form must be completed by referring to a document of applicant’s documentation system, add manual reference, chapter and sub-chapter. Please ensure all applicable areas are completed.

**1. GENERAL**

|  |  |
| --- | --- |
| **General Information** | |
| Applicant Name, Address, Tel, e-mail: |  |
| Contact Person Name/Tel/e-mail: |  |
| Aeroplane Registration: |  |
| Aeroplane Manufacturer: |  |
| Aeroplane Type Designation/ Model Designation: |  |
| Aeroplane Serial No: |  |
| Aeroplane Mode S Address (Hexadecimal): |  |
| Description of the intended operation: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Scope of Application** | **Airworthiness and operational approval in accordance with** | **Yes** | **No** |
| MNPS | SPA.MNPS, ICAO DOC 7030, National AIP, (NAT Doc 007) |  |  |

**2. AIRWORTHINESS**

|  |  |  |
| --- | --- | --- |
| **Type design approval for referenced aeroplane type designation** | | |
| 1. The relevant MNPS airworthiness approval is stated in:  AFM   AFM Supplements  FCOM  FCOM Supplements  Service Bulletin or Letter issued by the TC or STC holder  Type Certificate Data Sheet-TCDS  Supplemental Type Certificate-STC  Other (specify): | | |
| **Minimum Equipment List** | **Yes** | **No** |
| 1. The applicant should have revised parts of Minimum Equipment List to reflect system requirements appropriate to the intended MNPS operations. **Minimum Equipment List revised?** |  |  |
| 1. The applicant should have an established Maintenance Programme that contains all MNPS related maintenance requirements prescribed by the manufacturer or design organisation. **Maintenance programme established?** |  |  |

1. **APPLICATION PACKAGE**

|  |  |  |
| --- | --- | --- |
| **Documentation to be submitted to the Estonian Transport Administration (TRAM)** | **Yes** | **No** |

|  |  |  |
| --- | --- | --- |
| 1. Evidence that the navigation equipment meets the required performance |  |  |
| 1. Evidence that navigation displays, indicators and controls are visible and operable by either pilot seated at his/her duty station |  |  |
| 1. Maintenance Programme or revision thereof that include item pertinent to MNPS equipment |  |  |
| 1. Relevant section(s) of the applicable document(s) (e.g. AFM, STC data package, etc.) and other relevant documents that support installation of the required systems if installed through modification |  |  |
| 1. Minimum Equipment List (MEL) that include items pertinent to MNPS operations |  |  |
| 1. Operation manual and checklists that include MNPS operating procedures |  |  |
| 1. MNPS training programmes for the flight crew |  |  |
| 1. Completed TRAM MNPS checklist |  |  |

1. **APPLICANT’S 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 applicable requirement referenced under section “General”. | | |
| Name of nominated person Continuing Airworthiness | Signature | Date |
| Name of nominated person Flight Operations | Signature | Date |
| Name of nominated person Crew Training | Signature | Date |
| Name of Compliance Monitoring Manager | Signature | Date |

1. **FOR OFFICIAL TRAM USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Responsible** | **Date** | **Signature** |
| 1. Application and item 3 application package checked for completeness | OPS |  |  |
| 1. Airworthiness Approval granted (Appendix to Certificate of Airworthiness) | AWI |  |  |
| 1. Operational Approval granted (applicant’s operating practices, procedures and training programs have been found in compliance with applicable requirements) | OPS |  |  |
| 1. MNPS approval process administratively completed (OPS Update, and Exchange of certificate). | OPS |  |  |
| ***Withdrawal of MNPS Approval:***  Reason:  Name: Date: Signature: | | | |