ESWATINI CIVIL AVIATION AUTHORITY

ECA/REG/FS/F/026
REVISION 01
ISSUE DATE: 24/03/25
EFFECTIVE DATE: 27/03/25

APPLICATION FOR PERFORMANCE BASED NAVIGATION

A. APPLICATION INFORMATION:	
1. NAME OF THE APPLICANT HOLDER 2. CENTRAL TELEPHONE & FAX NUMBERS	2. PERMANENT ADDRESS (Street or Postal Number) 4. CITY DISTRICT/PROVINCE COUNTRY

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

C. AIRCRAFT TO BE OPERATED;	
1. AIRCRAFT M/M/S:	2. AIRCRAFT REGISTRATION(S):

D. SCOPE OF APPLICATION:		
ADD NAVIGATION RELATED APPROVALS	ADD NAVIGATION NOB-RELATED	ADD SPECIAL AREA APPROVALS
1. RNAV 10 (RNP 10)	7. Advance RNP	1. NAT/ NAM
2. RNAV 5	8. RNP APRCH	2. PAC/RAC
3. RNAV 1 AND RNAV 2	9. RNP 0.3	3. SAM/RAC
4. RNP 4	10. RNP AR APCH	4.MD ASIA/RAC
5. RNP 2	11. Other	5. NORPAC
6. RNP 1		6. CEPAC

E. ADDITIONAL APPLICATION ATTACHMENTS:		
1. PBN Conformance Checklist	5. MEL (with PBN	9. Modification Approval

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2. AFM (or AFM Supplement) 6. Relevant Maintenance 10. Database Supplier **F. Document attached**
3. Relevant Operations Manuals 7. Related Maintenance Procedures 11. Aircraft PBN Conformity Checklist(s):
4. PBN Crew Training Programs 8. Database Integrity Procedures 12. Other (see reverse): Document attached
If more space is needed to list application contents, please enter in the space below.

G. 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.
H. APPLICANTS CERTIFICATION- The undersigned certify that all statements and answers provided on this application form and as attachments are complete and true to the best of my acknowledge and agree that they are to be considered as the part of the basis for issuance of any PBN Approval.
DATE: OPERATIONS DIRECTOR: SIGNATURE:
DATE: TRAINING DIRECTOR SIGNATURE:
DATE: MAINTENANCE DIRECTOR SIGNATURE:
I. ESWACAA CERTIFICATION:
1. APPROVED 2. DISAPPROVED with the associated authorizations bearing the number shown above
Initial Renewal All request granted Limitations
3. Signature 4. Title 5. Date