



RVSM AND INTERNATIONAL OPERATIONS MANUAL APPLICATION

The information you provide on the application will be used to produce your RVSM or International Operations Manual. Please fill out the application as accurately and completely as possible, as this information is critical to the certification process. Once complete, your Manual(s) will be shipped to you via FEDEX 2nd Day Air. This typically will assure your RVSM Manual will arrive within five (5) business days of order placement. (Please note: We cannot ship via FEDEX to a P.O. Box Address, All Shipments billed at cost) If you have any questions with regard to this application please call us toll free at 877-GOT-RVSM (877-468-7876) or email inquiries to sales@flyrvsm.com. We will promptly address your questions or concerns.

Referred By (if any): <input type="checkbox"/> Individual <input type="checkbox"/> Company <input type="checkbox"/> Other:

(Please check box) for airspace certification you are applying for:

Instructions: double click on box and select Checked

- RVSM-Reduced Vertical Separation Minimum only (\$795.00)
- RVSM-Reduced Vertical Separation Minimum with below add-ons (\$1495.00)
- NAT/HLA – North Atlantic Track/High Level Airspace
- RNP-1 (PRNAV) Required Navigation Performance
- RNP-5 (BRNAV) Required Navigation Performance
- RNP-10-Required Navigation Performance
- WATRS/GOMEX
- International Operations Manual (additional \$1495.00 charge)

If International Operations application, what country/countries do you wish to operate in? (If All, write "World-wide") <input type="checkbox"/> World-wide or

OWNER/OPERATOR INFORMATION:

Full Name:				
Address	City	State	Zip	Country
Phone Number:	Fax Number:	Email:		

SHIPPING INFORMATION:

Full Name:				
Address	City	State	Zip	Country
Phone Number:	Fax Number:	Email:		

RVSM REPRESENTATIVE INFORMATION:

Name of person responsible for flight crew operations:

Phone Number:

Email:

Crew Training Conducted by:

Certifying Governmental Office (CAA, INAC, DGAC, FSDO, IFO):

Government Inspector Contact Name (if known):

AIRCRAFT INFORMATION:

Make/Model:

Registration Number:

Serial Number:

Number of Passenger Seats:

Aircraft Color:

Maintenance Tracking Program:

Operating Under: Part 91 Part 135 Part 91 & 135

Aircraft Base of Operation (ICAO):

Base of Operation Address:

MAINTENANCE FACILITY: (MUST BE FAA PART 145 REPAIR STATION OR EASA EQUIVALENT)

Name of Business/Facility:

Name of main point of contact (if known):

City:

State:

Zip:

Phone Number:

Fax Number:

Repair Station: (If known)

RVSM EQUIPMENT LIST

(Part numbers needed only for TCAS II if installed)

QUANTITY	UNIT	MANUFACTURER	MODEL NUMBER	PART NUMBER
2	Air Data Computer			NOT NEEDED
	Autopilot			NOT NEEDED
	Altitude Alerter			NOT NEEDED
2	Transponder			NOT NEEDED
	*TCAS II (if installed)			
	DME			NOT NEEDED
	ADF			NOT NEEDED
	Flight Management System (FMS) (with GPS)			NOT NEEDED
	GPS (stand alone)			NOT NEEDED
	VHF Nav Unit			NOT NEEDED
	VHF Comm. Unit			NOT NEEDED

*** If TCAS II installed must have Version 7.0 or later software upgrade** (“After March 31, 2002, unless otherwise authorized by the Administrator, if you operate an aircraft that is equipped with TCAS II in RVSM airspace, it must be a TCAS II that meets TSO C-119b (Version 7.0), or a later version.”)

**** If operating in Europe must be TCAS II version 7.1**

TERMS

- Owner/Operator is aware FLY RVSM SERVICES, LLC is a third party vendor and is available for unlimited technical consultation should Owner/Operator or certifying IFO/FSDO/authority require.
- Owner/Operator is aware he/she is first point of contact with certifying authority.
- It is recommended Owner/Operator begin the Manual certification process at minimum (60) days in advance of needed certification.
- Signing/Submmiting this application authorizes FLY RVSM SERVICES, LLC to begin RVSM Manual/International Operations Manual preparation for above referenced Owner/Operator.
- Owner/Operator is aware cost of FLY RVSM SERVICES, LLC RVSM Manual preparation fee; which includes 2 identical copies for desk and onboard reference.

Signature: _____ Date: _____

Credit Card Authorization:

VISA MASTERCARD AMERICAN EXPRESS

Card Number

Exp. Date CVV (3-digit code on back of card)

Name (as it appears on card)

Address

City State Zip Code

Country

Please fax completed application to: 316-665-4896
or e-mail to: sales@flyrvsm.com