

RVSM & 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):

(Please check box) for airspace certification you are applying for: Instructions: double click on box and select Checked

RVSM-Reduced Vertical Separation Minimum (\$1495.00)
NAT/MNPS – Minimum Navigation Performance Specification
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")

Owner/Operator Information:

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

Shipping Information (if different from above):
Full Name:
Address:
City:
State:
Zip Code:
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:
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: (Please check box) 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):
Address:
City:
State:
Zip Code:
Phone Number:
Fax:
Repair Station Number (if known):

RVSM Equipment List

(Part numbers needed only for Air Data Computers, Autopilot (s), Altitude Alerter(s), Transponders, & TCAS II if installed)

QTY	UNIT	MANUFACTURER	MODEL NUMBER	PART NUMBER
2	Air Data Computer			
	Autopilot			
	Altitude Alerter			
2	Transponder			
	*TCAS II (if installed)			
	DME			N/A
	ADF			N/A
	Flight Management System			N/A
	(FMS) w/GPS			
	GPS (Stand Alone)			N/A
	VHF Nav. Unit			N/A
	VHF Comm. Unit			N/A
	**HF Comm.			N/A

^{*} 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 provisional HF Comm. install only and applying for MNPS, please complete all colomns.

TERMS

- D 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.
- D Owner/Operator is aware he/she is first point of contact with certifying authority.
- D It is recommended Owner/Operator begin the Manual certification process at minimum (60) days in advance of needed certification.
- D Signing/Submitting this application authorizes FLY RVSM SERVICES, LLC to begin RVSM Manual/International Operations Manual preparation for above referenced Owner/Operator.
- D Owner/Operator is aware cost of FLY RVSM SERVICES, LLC RVSM Manual preparation fee is \$1495.00, which includes 2 identical copies for desk and onboard reference.
- D Owner/Operator is aware cost of FLY RVSM SERVICES, LLC International Operations Manual preparation fee is \$1495.00, which includes 2 identical copies for desk and onboard reference.

Signature:		Date:	
Credit Card I	nformation		
CC Type:			
Card Number	:		
Exp. Date:			
Name (as it ap	opears on card):		
Address:			
City:			
State:	Zip Code:		
Country:			
CVV (3-digit o	code on back of card):		

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