



## **REPUBLIC OF CYPRUS**

## **DEPARTMENT OF CIVIL AVIATION**

Performance Based Navigation (PBN) - Declaration form regarding PBN Instrument privileges and areas of knowledge.

Please complete the form in BLOCK CAPITALS using black or dark blue ink

## **FALSE REPRESENTATION STATEMENT**

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons so doing render themselves liable, on summary conviction, to a severe fine and/or imprisonment.

| 1. Pers  | sonnel Details To be completed by the applicant   |  |  |  |
|--|---|--|--|--|
|  |   |  |  |  |
| DCA P  | ersonal reference number  |  |  |  |
| Title Surname Forename(s)                            |   |  |  |  |
| Date o   | f birth (dd/mm/yyyy) Nationality  |  |  |  |
| Permanent address                                    |   |  |  |  |
|  | Postcode  |  |  |  |
| Address for correspondence (if different from above) |   |  |  |  |
|  |   |  |  |  |
| Telephone Number Email address                       |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| 2. Dec   | laration by the pilot To be completed by  |  |  |  |
| 2. Dec   | laration by the pilot  To be completed by the applicant   |  |  |  |
| I here   |   |  |  |  |
| I here   | by declare that I meet the requirements laid down in Article 4a of Commission Regulation to. 1178/2011 regarding PBN privileges by:  Having completed a theoretical knowledge and flight training course in PBN at an ATO   |  |  |  |
| I here<br>(EU) N                                     | by declare that I meet the requirements laid down in Article 4a of Commission Regulation lo. 1178/2011 regarding PBN privileges by:   |  |  |  |
| I here<br>(EU) N                                     | by declare that I meet the requirements laid down in Article 4a of Commission Regulation lo. 1178/2011 regarding PBN privileges by:  Having completed a theoretical knowledge and flight training course in PBN at an ATO with a copy of the Course Completion Certificate attached to this document.  Previous training and/or familiarity with PBN operations through either:   |  |  |  |
| I here<br>(EU) N                                     | by declare that I meet the requirements laid down in Article 4a of Commission Regulation lo. 1178/2011 regarding PBN privileges by:  Having completed a theoretical knowledge and flight training course in PBN at an ATO with a copy of the Course Completion Certificate attached to this document.   |  |  |  |
| I here<br>(EU) N                                     | by declare that I meet the requirements laid down in Article 4a of Commission Regulation lo. 1178/2011 regarding PBN privileges by:  Having completed a theoretical knowledge and flight training course in PBN at an ATO with a copy of the Course Completion Certificate attached to this document.  Previous training and/or familiarity with PBN operations through either:  Flying for an operator with RNP approach approval, or; |  |  |  |

| 5. Decidiation by the phot  | the applicant                      |  |  |  |
|---|------------------------------------|--|--|--|
| I declare that the information provided by me on this form is correct.  |                                    |  |  |  |
| Name: Signature:  | Date:                              |  |  |  |
|   |                                    |  |  |  |
| 4. Declaration of the examiner regarding PBN checking privileges  | To be completed by<br>the examiner |  |  |  |
| I hereby declare that I as examiner have performed a proficiency check or skill test which included PBN operations with a minimum of one approach, as well as I have verified that:   |                                    |  |  |  |
| Previous training and/or familiarity with PBN operations through either:  |                                    |  |  |  |
| ☐ Having completed a theoretical knowledge and flight training course of the Course Completion Certificate attached to this document  | in PBN at an ATO with a copy       |  |  |  |
| OR  |                                    |  |  |  |
| <ul> <li>☐ Flying for an AOC holder with previous RNP approach approval, or;</li> <li>☐ Previous familiarity with RNAV and RNP approach operations.</li> <li>AND</li> <li>☐ Passing an Oral theoretical knowledge assessment</li> </ul>   |                                    |  |  |  |
|   |                                    |  |  |  |
| For Proficiency Checks only, I have endorsed the Certificate of Revalidation with PBN privileges.   | in the applicant's license         |  |  |  |
|   |                                    |  |  |  |
|   |                                    |  |  |  |
| 5. Declaration by the examiner  | To be completed by the examiner    |  |  |  |
| 5. Declaration by the examiner  I declare that the information provided by me on this form is correct.  |                                    |  |  |  |
| I declare that the information provided by me on this form is correct.  |                                    |  |  |  |
| I declare that the information provided by me on this form is correct.  | the examiner  umber:               |  |  |  |
| I declare that the information provided by me on this form is correct.  Name: Examiner's Certificate n  Signature: Date:  | the examiner  umber:               |  |  |  |
| I declare that the information provided by me on this form is correct.  Name: Examiner's Certificate n  | the examiner  umber:               |  |  |  |
| I declare that the information provided by me on this form is correct.  Name: Examiner's Certificate n  Signature: Date:  | umber:                             |  |  |  |
| I declare that the information provided by me on this form is correct.  Name: Examiner's Certificate n  Signature: Date:  6. Instructions for completing the declaration form   | umber:                             |  |  |  |
| I declare that the information provided by me on this form is correct.  Name: Examiner's Certificate n  Signature: Date:  6. Instructions for completing the declaration form  The form shall be completed at least once for every pilot that has an instru   | umber:                             |  |  |  |
| I declare that the information provided by me on this form is correct.  Name: Examiner's Certificate n  Signature: Date:  6. Instructions for completing the declaration form  The form shall be completed at least once for every pilot that has an instruction provided by me on this form is correct.  | umber:                             |  |  |  |
| I declare that the information provided by me on this form is correct.  Name: Examiner's Certificate n  Signature: Date:  6. Instructions for completing the declaration form  The form shall be completed at least once for every pilot that has an instruction of the provided of the section of | umber:                             |  |  |  |

| •  | ctical instructions and consider myseing areas, tick (v) each item as requi | •         |
|--|---|-----------|
| Area                                     | Theoretical   | Practical |
| PBN limitations                          |   |           |
| PBN departure                            |   |           |
| PBN en-route                             |   |           |
| PBN arrival                              |   |           |
| 2D approach                              |   |           |
| 3D approach                              |   |           |
| Missed approach according to PBN         |   |           |
| Training received at ATO (if applicable) |   |           |
| Training received                        |   |           |
| (dd/mm/yy)                               |   |           |
| (if applicable)                          |   |           |
|  |   |           |

7. Self-checklist for previous familiarity with PBN experience