**A. Operator:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Operator: |  | AOC No.: |  | Contact person: Email:Phone**:** |

**B. Helicopter Data:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Manufacturer: | Type Designation: | Type of engine(s): | Year of manufacture / first CoA: | Serial No (If available) | Icetra No.: | Registration: | |
| MPSC | MOPSC | MTOM (Kg/Lbs) | MLGM (Kg/Lbs): | MZFW (Kg/Lbs): | Date of last weighing: | | Last registration: |
| A/C Selcal Code | Mode S: | ELT codes: | | | Annex 16 Noise certification | | |

**C. Intended operation:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Area of Operation** | | | | | | | | |
| Iceland = **IS** | Iceland/Greenland = **ISGR** | Arctic = **C1** | Antarctic = **C2** | Europe North = **C3** | Europe South = **C4** | | Europe East = **C5** | Worldwide = **WW** |
| Mid East = **C6** | Asia = **C7** | Pacific = **C8** | North America = **C9** | Caribbean = **C10** | S America = **C11** | | N Atlantic = **C12** | Africa = **C13** |
| **Type of Operation** | | | | | | | | |
| Passenger **A1** | Cargo **A2** | HEMS **A3** | Specialiced Operations **(SPO)** | | | **Other** (please specify): | | |

**D. Flight Training Device:**

|  |  |
| --- | --- |
| **New Flight Simulation Training Device (FSTD) needed for Helicopter?**  **Yes  No** | **Do Helicopter and FSTD have Configuration Differences?**  **Yes  No** |
| If yes, complete and submit form FOS-002 "Application for STD user approval" | If yes, complete form FRD-014 "Flight Training Device / Helicopter Configurarion Differences List. |

**E. Special Authorisations/approvals applied for (specify relevant data, values or notes in fields as applicable):**

|  |  |  |
| --- | --- | --- |
| **PART-SPA: SUBPART B - PBN Operations** | | |
|  | RNP 2 |  |
|  | RNP 4 |  |
|  | RNP 10 |  |
|  | RNP APCH RNP 0,3 |  |
|  | RNP AR APCH RNP 0,3-0,1 |  |
| **PART-SPA: SUBPART C - MNPS** | | |
|  | NAT MNPS |  |
|  | B-RNAV / RNAV 5 |  |
|  | P-RNAV / RNP 1 |  |
| **PART-SPA: SUBPART D - RVSM** | | |
|  | RVSM |  |
| **PART-SPA: SUBPART E - LVO** | | |
|  | LVTO RVR (<400m): RVR 150m or 125m |  |
|  | CAT II RVR/DH minima: |  |
|  | CAT IIIA RVR/DH minima: |  |
|  | CAT IIIB RVR/DH minima: |  |
| **PART-SPA: SUBPART G - DGR** | | |
|  | DGR |  |

|  |  |  |
| --- | --- | --- |
| **Data Link Communication** | | |
|  | CPDLC / SAT Comm |  |
|  | CPDLC / VHF Comm |  |
|  | FANS 1/A |  |
|  | DCL/PDC (AMC 20-09) |  |
|  | D-ATIS (AMC 20-10) |  |
|  | ADS C |  |
|  | ADS B |  |
| **PART-SPA: SUBPART H - NVIS** | | |
|  | NVIS |  |
| **PART-SPA: SUBPART I - HOIST OPERATIONS** | | |
|  | NVIS |  |
| **PART-SPA: SUBPART J - HEMS** | | |
|  | HEMS |  |
| **Other** | | |
|  | EFB Class |  |
|  | Other (Specify) |  |

**Note: Special Authorisations require a separate application to be submitted and approved by ICETRA before authorisation is granted.**

**F. Supplemental Type Certificates (STC’s)**

**Note:** List of STC’s as a separate document is also acceptable provided all information specified in table are included.

**No STC's or Modification have been incorporated**.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List of incorporated STC’s | | | | | | | | |
| (1) STC reference: | (2) Description | AFM Supplement (3) | | MEL  Supplement | | EASA Approval Reference | EASA Approval Date | Note |
|  |  | Yes | N/A | Yes | N/A |  |  |  |
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**Notes:**

(1) STC reference number (e.g. STC SA5656-AT)

(2) Short description of modification (e.g. Installation of cabin interior)

(3) See STC cover sheet or equivalent for availability of AFM Supplement

**G. Documents to be provided to ICETRA (as applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Document:** | | **Revision status:** | **Date of revision:** | **Notes:** |
|  | **Helicopter Flight Manual \*** |  |  |  |
|  | Operations Manual Part A |  |  |  |
|  | **Operations Manual Part B \*** |  |  |  |
|  | Operations Manual Part D |  |  |  |
|  | **Helicopter QRH \*** |  |  |  |
|  | Cabin Manual |  |  |  |
|  | **MMEL \*** |  |  |  |
|  | **MEL \*** |  |  |  |
|  | **LOPA\*** |  |  |  |
|  | **Emergency Equipment Layout \*** |  |  |  |
|  | **Passenger Safety Briefing Card \*** |  |  |  |
|  | **Copy of loadsheet for Helicopter\*** |  |  |  |
|  | PBN Operations - Form **FRD-041** NAVIGATION or **FRD-035** RNP APPROACH |  |  |  |
|  | LVO - Form **FRD-040** APPLICATION FOR LOW VISIBILITY OPERATIONS |  |  |  |
|  | DGR: - Submit a letter and revised pages from relevant OM Parts and Training records. |  |  |  |
|  | EFB - Form **FRD-036** APPLICATION FOR ELECTRONIC FLIGHT BAG/PED OPERATIONAL APPROVAL |  |  |  |
|  | **Application for Noise Certificate \*** |  |  |  |
|  | **Helicopter Radio License \*** |  |  |  |
|  | **List of Manuals and Documents on board (specify rev. status / doc. number and date) \*** |  |  |  |
|  | **List of Service Bulletins applicable to Helicopter \*** |  |  |  |
|  | **List of Modifications applicable to Helicopter \*** |  |  |  |

**\* Required**

**H. Insturments, Data, Equipment - Compliance List (PART-CAT / SUBPART D)**

**Introduction**

Operators are required to comply with the instruments and communication requirements of EASA AIR OPS. Each shall demonstrate, from the available airplane records (manufacturers and subsequent modifications), how compliance with applicable requirements are achieved for each individual airplane that he operates. This compliance List is derived from EU Regulation No 965/2012, dated 28. October 2012 / ANNEX IV / PART-CAT / SUBPART D

**Completion of form**

The operator shall verify what instruments and equipment is installed by completing relevant parts of this form.

Refer to the actual regulation for details of each requirement. If the requirement is not satisfied through the TCDS, mark "No" in column "A" and provide further details of compliance in the relevant field on the form (B, C or D).

| **AIR-OPS Requirement:**  EU Regulation No 965/2012, dated 28. October 2012 / ANNEX IV / PART-CAT / SUBPART D  **Helicopters** | **Means of Compliance** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **A**  Requirements satisfied through type design as specified in Type Certificate Data Sheet (TCDS) | | | **B**  Requirement satisfied through Supplemental Type Certificate (STC) process.  Indicate STC Number | **C**  Requirement satisfied through embodiment of manufacturer service publications (Service Bulletins, Service Changes, etc.)  Indicate SB number | **D**  Other  Descripe |
| **Yes** | **No** | **N/A** |
| **Helicopters** | | | | | | |
| **CAT.IDE.H.100** Instruments and equipment — general |  |  |  |  |  |  |
| **CAT.IDE.H.105** Minimum equipment for flight |  |  |  |  |  |  |
| **CAT.IDE.H.115** Operating lights |  |  |  |  |  |  |
| **CAT.IDE.H.125** Operations under VFR by day — flight and navigational instruments and associated equipment |  |  |  |  |  |  |
| **CAT.IDE.H.130** Operations under IFR or at night — flight and navigational instruments and associated  equipment |  |  |  |  |  |  |
| **CAT.IDE.H.135** Additional equipment for single-pilot operation under IFR |  |  |  |  |  |  |
| **CAT.IDE.H.145** Radio altimeters |  |  |  |  |  |  |
| **CAT.IDE.H.160** Airborne weather detecting equipment |  |  |  |  |  |  |
| **CAT.IDE.H.165** Additional equipment for operations in icing conditions at night |  |  |  |  |  |  |
| **CAT.IDE.H.170** Flight crew interphone system |  |  |  |  |  |  |
| **CAT.IDE.H.175** Crew member interphone system |  |  |  |  |  |  |
| **CAT.IDE.H.180 Public address system** |  |  |  |  |  |  |
| **CAT.IDE.H.185** Cockpit voice recorder |  |  |  |  |  |  |
| **CAT.IDE.H.190** Flight data recorder |  |  |  |  |  |  |
| **CAT.IDE.H.195** Data link recording |  |  |  |  |  |  |
| **CAT.IDE.H.200** Flight data and cockpit voice combination recorder |  |  |  |  |  |  |
| **CAT.IDE.H.205** Seats, seat safety belts, restraint systems and child restraint devices |  |  |  |  |  |  |
| **CAT.IDE.H.210** Fasten seat belt and no smoking signs |  |  |  |  |  |  |
| **CAT.IDE.H.220** First-aid kit |  |  |  |  |  |  |
| **CAT.IDE.A.230** First-aid oxygen |  |  |  |  |  |  |
| **CAT.IDE.A.235** Supplemental oxygen — pressurised aeroplanes |  |  |  |  |  |  |
| **CAT.IDE.H.240** Supplemental oxygen — non-pressurised helicopters |  |  |  |  |  |  |
| **CAT.IDE.A.245** Crew protective breathing equipment |  |  |  |  |  |  |
| **CAT.IDE.H.250** Hand fire extinguishers |  |  |  |  |  |  |
| **CAT.IDE.H.260** Marking of break-in points |  |  |  |  |  |  |
| **CAT.IDE.H.270** Megaphones |  |  |  |  |  |  |
| **CAT.IDE.H.275** Emergency lighting and marking |  |  |  |  |  |  |
| **CAT.IDE.H.280** Emergency locator transmitter |  |  |  |  |  |  |
| **CAT.IDE.H.290** Life-jackets |  |  |  |  |  |  |
| **CAT.IDE.H.295** Crew survival suits |  |  |  |  |  |  |
| **CAT.IDE.H.300** Life-rafts, survival ELTs and survival equipment on extended overwater flights |  |  |  |  |  |  |
| **CAT.IDE.H.305** Survival equipment |  |  |  |  |  |  |
| **CAT.IDE.H.310** Additional requirements for helicopters conducting offshore operations in a hostile sea area |  |  |  |  |  |  |
| **CAT.IDE.H.315** Helicopters certified for operating on water — miscellaneous equipment. |  |  |  |  |  |  |
| **CAT.IDE.H.320** All helicopters on flights over water — ditching |  |  |  |  |  |  |
| **CAT.IDE.H.325** Headset |  |  |  |  |  |  |
| **CAT.IDE.H.330** Radio communication equipment |  |  |  |  |  |  |
| **CAT.IDE.H.335** Audio selector panel |  |  |  |  |  |  |
| **CAT.IDE.H.340** Radio equipment for operations under VFR over routes navigated by reference to visual  landmarks |  |  |  |  |  |  |
| **CAT.IDE.H.345** Communication and navigation equipment for operations under IFR or under VFR over routes not navigated by reference to visual landmarks |  |  |  |  |  |  |
| **CAT.IDE.H.350** Transponder |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant‘s Statement | | |  |
| I herewith confirm completeness and accuracy of this application and of the Air OPS / PART-CAT Compliance Lists. | | | *(For official use only)*  ICETRA Acceptance: |
| Name of Nominated Person Operations : | Signature | Date: | Date: |
| I herewith confirm correctness of the Air OPS CAT.IDE Compliance List. | | | Signature: |
| Name of Nominated Person Part-M : | Signature | Date: |