



International
Civil Aviation
Organization

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Международная
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منظمة الطيران
المدني الدولي

国际民用
航空组织

Ref.: LN3/24.1-SA5317

Lima, 28 June 2018



To: Mr. Frédéric Guignier, Regional Director of Civil Aviation Authority (DSAC) for French Antilles and French Guiana
Mr. Jerome Journet, Regional Director, West Indies and French Guiana
Lt. Col. Egbert Field, Guyana Civil Aviation Authority
Mr. Jerry Miranda, Ministry of Public Works, Suriname

Subject: **RLA/06/901 - Third PANS-OPS implementation workshop (PANS-OPS/3)**
Lima, Peru, 24 to 28 September 2018

Action
required: Take note and confirm participation by **13 September 2018**

Sir,

I have the honour to refer to Conclusion SAM/IG/18-1 “*PANS-OPS recommendations for harmonising instrument procedures in the SAM Region*”, as well as to the programme of activities approved for 2018 with the aim of promoting PBN implementation, as reported during SAM/IG/21 meeting.

On this regard, and considering the requirements for the follow-up of the South American airspace optimization goals included in the program PBN of the GREPECAS, has been included within the programme of the activities of RLA/06/901 Project for the current year, the **Third PANS-OPS implantation workshop (PANS-OPS/3)**, which will be carried out in this Regional office, from **September 24 to 28, 2018**.

This workshop is aimed to continue with the harmonisation in the application of advanced PANS-OPS criteria, as well as to present and define, if required, recommendations concerning technical issues regarding the design of PBN instrumental procedures. The objectives and requirements of the workshop, as well as the tentative work programme, are detailed under **Attachment A**.

I would like to reiterate the importance of the profile of experts in events of this nature, in order to ensure the achievement of the expected objectives (**Attachment B**). Under **Attachment C** you will find additional information on administrative details and financing alternatives offered for the participation of your experts.

According to the aforesaid, and taking into consideration the importance of this event, I am pleased to invite your Administration to design expert(s) to participate in this third workshop, by submitting, if applicable, the attached registration form (**Attachment D**) duly filled out for each participant, by e-mail (icaosam@icao.int), no later than **13 September 2018**.

Messrs. Fernando Hermoza Hübner, ATM/SAR Regional Officer (fhermoza@icao.int), and/or Roberto Sosa España (rsosa@icao.int), ANS & SFTY Regional Officer, remain at your disposal for any consultation or advice experts involved in the airspace optimization procedures may have.

Accept, Sir, the assurances of my highest consideration.



Fabio Faizi Rahnemay Rabbani
Regional Director
ICAO South American Office
Lima

Enclosure
As indicated

cc: Mr. Claude Miquel, Deputy Director, Antilles-Guyane, French Antilles
Mr. Michel Areno, Head of French Guiana Air Control Centre Cayenne-Félix Eboué Airport,
Head of the Aircraft Search and Rescue RCC
Mr. Jean-Jacques Deschamps, Directeur Adjoint, ANSP Martinique, French Antilles-Guyane
Dr. Joyce Blokland-Wijnstein, Permanent Secretary, Directorate of Transport and
Communication, Suriname
Mr. Faizel Baarn, Head of Civil Aviation Department, Suriname
Mr. Anjulio R. Wolf, Director, CASAS, Suriname
Mr. Marcus Doller, Air Safety Support Intl. (ASSI), United Kingdom
Mr. Bruce D’Ancey, Policy Specialist, Flight Ops, Air Safety Support International
(ASSI), United Kingdom

ATTACHMENT A

OBJECTIVES AND REQUIREMENTS

THIRD WORKSHOP ON PANS-OPS IMPLEMENTATION

(PANS-OPS/3)

(Lima, Peru, 24 to 28 September 2018)

During the Second PANS-OPS workshop (September 2017), designers of procedures and airline specialists had the opportunity to jointly analyse amendments made to the ICAO Doc. 8168 related to the design of approximation procedures by RNAV and RNP instruments, as well as the interpretation of some navigation requirements, requirements of the PBN concept, use of logical support, requirements of publications and other measures of Regional harmonization.

With a view to consolidating the harmonization of concepts regarding instrumental procedures and their related processes in favour of safety and airspace efficiency, the Second PANS-OPS implementation workshop is aimed at continuing with the coordination and harmonization of PBN implementation process in the SAM Region. It is also focused in defining courses of action regarding the application of complex criteria of Doc 8168, promote the standard publication of procedures, identify the operational needs of users and airlines, and recommend the application of solutions that address to specific PBN implementation issues.

With a view to consolidating the harmonization of concepts regarding instrumental procedures and their related processes, in favor of safety and airspace efficiency, the Third PANS-OPS implementation Workshop is aimed at continuing with the coordination and harmonization of PBN implementation process in the SAM Region, to define courses of action regarding the application of the complex criteria of the Doc. 8168, to promote the standardized publication of the procedures, to identify the operational needs of users and airlines, as well as to recommend the application of solutions that address specific issues of the PBN implantation, among others, the Circular 353/AN/209 of ICAO on the global and regional strategy for the transition from RNAV nomenclature to RNP.

In this sense, tentative Work Programme of the Workshop is presented as follows.

TENTATIVE WORK PROGRAMME

HOUR	Monday 24	Tuesday 25	Wednesday 26	Thursday 27	Friday 28
0830 0900	Register of participants	Presentation of SAM State/Territory, PANS-OPS-PBN implantation	Information from the IFPP Panel member	Transition for the denomination of RNAV procedures to RNP (Circular 353)	Next PANS-OPS activities
0900 0915	Opening ceremony				
0915 1000	Overview of the workshop	Presentation of SAM State/Territory, PANS-OPS-PBN implantation	Information from the IFPP Panel member	Transition for the denomination of RNAV procedures to RNP (Circular 353)	
1000 1015	<i>Coffee break</i>	<i>Coffee break</i>	<i>Coffee break</i>	<i>Coffee break</i>	
1015 1100	Summary of Version 04 of route network and CAR Region co-ordinations	Presentation of SAM State/Territory on PANS-OPS – PBN implementation	Information from the IFPP Panel member	Visual RNAV procedures	Next PANS-OPS activities
1100 1200	Analysis of the revised PBN Regional programme	Presentation of SAM State/Territory on PANS-OPS – PBN implementation	Update of LAR211, appendix 7, Requirements for the design of flight procedures and operation of technical units PANS OPS	Database Coding and supplementary information	
1200 1300	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	<i>Lunch</i>	Closing ceremony
1300 1345	Analysis of the revised PBN Regional programme	Presentation of SAM State/Territory, PANS-OPS-PBN implantation	Update of LAR211, appendix 7, Requirements for the design of flight procedures and operation of technical units PANS OPS	RNP AR procedures / RNP AR tailored systematic harmonized regional publication procedures	
1345 1430	Presentation of state/Territory SAM, on progress in implantation PANS-OPS-PBN	Industry perspective on Regional implementation PANS-POS and PBN	Review of reports of workshops PANS-OPS/1 and PANS-OPS/2	Review and conclusions of the workshop	
1430 1445	<i>Coffee break</i>	<i>Coffee break</i>	<i>Coffee break</i>	<i>Coffee break</i>	
1445 1600	Presentation of SAM State/Territory, PANS-OPS-PBN implantation	Industry perspective on Regional implementation PANS-POS and PBN	Review of reports of workshops PANS-OPS/1 and PANS-OPS/2	Review and conclusions of the workshop	

ATTACHMENT B

PROFILE OF PARTICIPANTS

Regarding optimal profile of participants, it is recommended that each State designates at least one qualified PANS-OPS specialist, with a wide range of experience in PBN instrument flight procedures design.

Additionally, taking into account the importance of user feedback and the input from their experience on instrumental approaches based on PBN, the participation of instrument procedure designers and airline pilots/technicians/operation engineers is considered highly beneficial. This will allow examining aspects on the performance of different types of aircraft and identifying operational requirements of airlines.

ATTACHMENT C

GENERAL INFORMATION

Language and documentation:

Please note that training will be conducted in Spanish. General information and pertinent documentation will be published as soon as available at the ICAO South American Regional Office's website:

<https://www.icao.int/SAM/Pages/MeetingsDocumentation.aspx?m=2018-PASNOPS3>

*RLA/06/901-Third PANS-OPS Implementation Meeting
(PANS-OPS/3)*

Financing alternatives:

States who wish send experts to attend this workshop, could make use of the following financing alternatives:

- a) Fellowships from a national ICAO Technical Cooperation Project approved for your State;
- b) One (1) fellowship sponsored by Regional Project RLA/06/901 for each State participating in this Project, that does not count on the previous alternative, and having the interested Administration to provide the air tickets to and from the host country: or
- c) Own resources of your Administration, in the lack of any of the previous alternatives.

For participants who require a fellowship, the *ICAO Fellowship Nomination Form* is attached, to be completed and submitted to this Regional Office no later than **13 September 2018**.



**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

NOTE: This form should be completed and signed by all parties concerned and forwarded to the appropriate ICAO office under cover of an official Government request at least three months prior to the starting date of the proposed training programme.

PART I – NOMINATION BY GOVERNMENT

The Government of _____ hereby:

1. Nominates: _____ for an ICAO fellowship in the field of _____ (please identify main Field of Training in accordance with the ICAO Course Numbers).

2. Requests the following programme of training under this fellowship:

(List in chronological sequence the various stages of training or study envisaged and, if necessary, identify the level as *ab initio*, advanced, refresher, further specialization, familiarization tour, on-the-job training (OJT), etc.

Host Country(ies)	Training Institute(s) (firms/organizations)	Specific Courses	Period		Duration (weeks)
			from	to	

Total duration

3. Requests that this fellowship be financed under the technical co-operation programme:

Project No.:

Post No.:

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

4. Declares that the objectives of this fellowship are:

5. Agrees that it will assume responsibility for the nominee’s transportation costs (airfare) to and from host country(ies).
 Requests that the nominee’s transportation costs (airfare) to and from host country(ies) be provided by the Project.

6. Certifies that:

- a) the nominee is obligated to return to his/her country, on completion of the fellowship programme, for duty assignment in civil aviation for a minimum period of _____ .
- b) the nominee’s employment status, rights, salary and seniority will not be adversely affected, during the period of his/her absence, under the fellowship.
- c) all sections of this Nomination Form have been duly completed and the Nominee is suitable for the proposed Training Programme.
- d) nominee is/will be in possession of a valid passport and necessary visas which do not expire before the termination date of the Fellowship.

Date: _____
Date

Enter

Signature of Civil Aviation Authority

Name: _____

Title: _____

OBSERVATIONS BY ICAO PROJECT MANAGER/MISSION CHIEF

I certify that all sections of this Nomination Form have been duly completed and the Nominee is suitable for the proposed Training Programme.

Date: _____

Signature

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART II – NOMINEE’S PERSONAL HISTORY					
1. Name:		2. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
3. Date of Birth:					
4. Private address/city of residence:					
5. Electronic mail:					
6. Nationality:					
7. Language Ability:					
a) Mother tongue:					
b) Language(s) used in Primary and Secondary School:					
c) Other language(s) of which nominee has a working knowledge:					
d) Language(s) to be used in proposed fellowship programme:					
8. School Education Record:					
Name/Town/Country of School(s)		Period		Grade completed and certificate acquired	
		from	to		
9. College/University Education Record:					
(If you have graduated with a diploma or degree, indicate under “subject(s) studied” only the major subject(s) studied. Otherwise, indicated all the subjects studied.)					
Name of College/University	Subject(s) Studied	Period		Degree/Diploma Acquired	
		from	to		
10. Technical and/or Specialized Training Record:					
(Same as for 9. above. List and identify any previous ICAO fellowship training.)					
Name and Place of Training Institute	Subject(s) Studied	Period		Duration (weeks)	Diploma/Cert. Acquired
		from	to		

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

11. Employment Record
(indicate last five years and/or last two positions)

Employer (name of firm/org.)	Position Last Held	Period		Duties and Responsibilities
		From	to	

12. Nominee’s statement:

- (i) I understand that the ICAO fellowship will not become effective and no travel can be undertaken until I receive written notification and instructions of the award from ICAO.
- (ii) Should I be awarded this fellowship, I hereby undertake to:
 - a) Conduct myself, at all times, in a manner compatible with my status as holder of an ICAO fellowship;
 - b) Devote all my time during the fellowship programme to the successful pursuit of my studies as directed by ICAO and by the designated institution in the country of study;
 - c) Refrain from engaging in political, commercial, or any activities detrimental to the host country;
 - d) Submit reports as required by ICAO and comply with all ICAO instructions; and,
 - e) Return to my country, on termination of my fellowship programme, and apply my newly acquired knowledge to further the development of civil aviation in my country.

I certify to the best of my knowledge that all the information given above is true in all respects.

Date: Enter Date

Nominee’s Signature

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART III – LANGUAGE TEST RESULTS	
NOTE:	This test is only required if the language to be used during the proposed training is not the mother tongue of the nominee or is not the language used in primary, secondary or college level schools where the nominee acquired his/her education (see PART II – items 7, 8 and 9). The test should be conducted at a language school, university or local Embassy/Council.
Name of institution conducting the examination:	
Nominee’s name:	
Language for which test was set:	

1.	Understanding (check as appropriate):	
	a) Understands without difficulty when addressed at normal speed.	<input type="checkbox"/>
	b) Understands nearly everything at normal speed although occasional repetition may be necessary.	<input type="checkbox"/>
	c) Understands almost everything if addressed slowly and carefully.	<input type="checkbox"/>
	d) Requires frequent repetition and/or translation of words and phrases.	<input type="checkbox"/>
	e) Does not understand even the simplest conversation.	<input type="checkbox"/>
2.	Speaking (check as appropriate):	
	a) Speaks fluently, accurately and is easily intelligible.	<input type="checkbox"/>
	b) Occasionally makes errors which do not, however, obscure meaning.	<input type="checkbox"/>
	c) Makes frequent errors which occasionally obscure meaning.	<input type="checkbox"/>
	d) Speaks with so much difficulty that comprehension is difficult.	<input type="checkbox"/>
	e) Errors in speech so severe as to make comprehension virtually impossible	<input type="checkbox"/>
3.	Reading (check as appropriate):	
	a) Reads fluently with full comprehension.	<input type="checkbox"/>
	b) Reads slowly but understands almost everything he/she reads.	<input type="checkbox"/>
	c) Reads with difficulty; often consults the dictionary.	<input type="checkbox"/>
	d) Cannot understand what he/she reads.	<input type="checkbox"/>
4.	Writing (check as appropriate):	
	a) Writes with ease and accuracy.	<input type="checkbox"/>
	b) Writes with few mistakes; can be understood.	<input type="checkbox"/>
	c) Writes with difficulty and makes frequent mistakes.	<input type="checkbox"/>
	d) Cannot write.	<input type="checkbox"/>

CONCLUDING REMARKS	
Would this person be able to follow a technical course in this language? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:	Signature of examiner: _____
	Name (type or print): _____
AFFIX OFFICIAL SEAL OR STAMP	

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART IV – MEDICAL REPORT

NOTES:

- 1) It is essential that the nominee be healthy and free of any sickness which may require further examination and/or treatment during the tenure of the Fellowship. The Fellow and/or his/her Government will be responsible to pay for any medical expenses incurred by the Fellow for sickness existing prior to the starting date of Fellowship.
- 2) The nominee must undergo a medical examination conducted by a registered medical practitioner. Medical papers (examination, laboratory or x-ray results, etc.) should not be forwarded unless requested.
- 3) Flight crew members and Air Traffic Controllers who are to undergo training to obtain or renew a license must provide a copy of their medical certification in lieu of this medical report.

The undersigned, Dr. _____ having completed the medical examination of nominee whose photograph appears above, certifies the following:

The Nominee:

	Yes	No
1) is physically able to travel abroad:	<input type="checkbox"/>	<input type="checkbox"/>
2) is mentally and physically able to carry out intensive studies:	<input type="checkbox"/>	<input type="checkbox"/>
3) is free from infectious diseases:	<input type="checkbox"/>	<input type="checkbox"/>
4) has good hearing:	<input type="checkbox"/>	<input type="checkbox"/>
5) has good eyesight:	<input type="checkbox"/>	<input type="checkbox"/>
6) is free from ailments that require treatment or periodic medical examination during the proposed duration of the fellowship programme:	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments by Medical Practitioner:

Date:

Signature of Medical Practitioner

AFFIX OFFICIAL SEAL OR STAMP
(to be affixed across photograph also)