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|  | FORM FORM:AC-GEN024June 2018 |

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**ELECTRONIC FLIGHT BAG (EFB) APPROVAL APPLICATION FORM**

This form is designed to elicit all the required information from those operators requiring the Electronic Flight Bag (EFB) operational approval.

1. **SCOPE & GENERAL INFORMATION**

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| --- | --- | --- | --- | --- |
| 1.1 | **EFB** | EFB Type: | Portable | Installed |
| Software application(s) type: | A | B |
| 2△ | **Operator Name** |  |
| **Designated Representative/ Manager** | Tel: |
| 1.3 | **Aircraft Registration(s)** |  |
| **Manufacturer** |  |
| **Type/Model(s)** |  |
| **Serial No(s)** |  |

1. **HARDWARE PLATFORM**

|  |  |  |
| --- | --- | --- |
| 2.1 | **Hardware Type****No.** |  |
| 2.2 | EFB to be used | on ground | in-flight cruise only | in-flight all phases |
| Portable Devices Storage (mount) | *\*Remarks* |
| EFB to be used by | Cockpit crew | Cabin crew |
| 2.3△ | **Data Storage****Device** | HD | CD | DVD | FD | Other |
| Remark |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2.4△ | **Data Transfer****Device** | N/A | Bluetooth  | IR | USB | Serial  | Parallel | Other |
| Remark |  |
| 2.5△ | **Cursor Navigation**Installed and used | Touch screen | Touch pad | Mouse | Track ball  | Keyboard | Other |
| Remark |  |
| 2.6 | **Lithium Battery****Used** | yes no |
| *If yes*  | Specific items are addressed and regulations are included in the operational documentation. |
| 2.7 | **Onboard Power****Used** | yes no |
| *If yes*  | Power source certified to be used in-flight on ground |

1. **SOFTWARE APPLICATION(S)**

|  |  |  |
| --- | --- | --- |
| 3.1△ | **Operating System Description** | (e.g. MS Windows, MAC, Linux or Android) |
|  | Remark |  |
|  | **List of programs &** **Applications submitted?** | yes no |
| 3.2△ | **Program(s) Based on** | MS Office | Adobe PDFApplication | Html | Manufacturer  | Other \*specify in the Remarks |
| Remark |  |
| 3.3 | **Kind of Software** | Data presentation Data processing |
| Remark |  |
| 3.4 | **Program Settings** | handled by? EFB administrator End user |
| Remark |  |
| 3.5△ | **Intentions / Tasks to****be Done by EFB** |  |

1. **OPERATION & TRAINING DOCUMENTATIONS**

|  |  |  |
| --- | --- | --- |
|  | **Scope:** | Document Number /Chapter and Subchapter of the Relevant Manual |
| 4.1 | **System****Administration & Database Update** |  |
| 4.2 | **System****Description** |  |
| 4.3 | **System Operation** |  |
| 4.4 | **System Failure (Contingency Procedure)** |  |
| 4.5 | **Crew Basic Training** |  |
| 4.6 | **Crew Recurrent****Training** |  |
| 4.7 | **MEL Reference** |  |

1. **AIRWORTHINESS DOCUMENTATIONS**

|  |  |  |
| --- | --- | --- |
|  | **Scope:** | Document Number /Chapter and Subchapter of the Relevant Manual |
| 5.1 | **Certification****Documentation** |  |
| 5.2 | **Instruction for Continuing****Airworthiness** |  |

1. **APPLICATION PACKAGE**

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| Operations manuals(s) extract (s) and/or checklist (s) that include EFB operating practices and procedures |
| OM/A | OM/B | OM/C | OM/D | QRH | MEL | AFM | EFB Manual | Others |
| EMI demonstration report | Operational Risk Analysis |

1. **EFB APPLICANT’S STATEMENT**

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| --- |
| The undersigned certify the enclosed information to be complete and true and that the system installation, continuing airworthiness of systems, minimum equipment for dispatch, operating procedures and flight crew training comply with the requirements of the regulation and Authority approved guidance material for EFB systems. |
| Designated Representative/ Manager | Signature: | Date: |

***Note: A minimum of 60 working days will normally be required to check and confirm the information given above. If data and/or application package are missing or omitted the process may take considerably longer.***

1. **APPROVAL ASSESSMENT (FOR AUTHORITY USE ONLY)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Responsible** | **Signature** | **Date** |
| Application package complete | FOI |  |  |
| Operational and training document reviewed and considered satisfactory | FOI |  |  |
| Airworthiness document reviewed and considered satisfactory | AWI |  |  |
| Simulator Demo: Aircraft | FOI |  |  |
| Evaluation Test  | FOI/AWI |  |  |
| EFB approval issued & process completed | FOI |  |  |

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| ***Inspectors Remarks*** |
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| **Air Worthiness Inspector** |
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|  |
| Name……………………………Signature …………………….Date…………………. |
|  |
| **Flight Operations Inspector** |
|  |
|  |
|  |
| Name……………………………Signature …………………….Date…………………. |
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