

Application for Electronic Flight Bag Use Operational Approval



Note: The CAA Standard Rate hourly charge applies.

Instructions and advice for completing this Application Form

- Refer to Advisory Circular AC91-20 Guidelines for the Approval and Use of Electronic Flight Bag (EFB) Devices before completing this application.
 - Entries should be typed; this is an electronic form. Where required, additional information should be attached to the application.
 - Full EFB device model and application designations are required.
- Note: Applicants should clearly understand that unless all the entries on this form are completed accurately and fully, the operational approval to use an EFB may be delayed.**
- The charges associated with the operational approval of an EFB will be invoiced to the applicant.
 - Applications must be submitted to CAA not less than **28 days** prior to the date required.

1. Application (To be completed by the operator)

Name of Operator:					
		<i>Surname</i>		<i>Forename(s)</i>	
				<i>Client ID No. (if known)</i>	
Address for Service: <i>Civil Aviation Act, s8, requires applicants to provide an address for service (ie, a physical address) and to promptly notify the Director of any changes.</i>					
Tel:		Fax:		Email:	
Postal Address: <i>(If different from Address for Service.)</i>					
Tel:		Fax:		Email:	
Person or organisation who can be contacted for further information concerning this application:					
Name:					
Designation:					
Address:					
Tel:		Fax:		Email:	

3. Aircraft & Installation Details

Aircraft Details					
Manufacturer				Model Designation	
Multiple Aircraft	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Pressurised Aircraft	Yes <input type="checkbox"/> No <input type="checkbox"/>
Installation Class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Installed <input type="checkbox"/>	Paperless Cockpit Authorisation Sought	Yes <input type="checkbox"/> No <input type="checkbox"/>
EMI Test Report				For Class 2, mount installation STC / Mod reference	

4. Electronic Flight Bag Hardware Details

Please identify the EFB hardware to be used (refer to AC 91-20 paragraph 9.1).	
EFB Hardware Designation	
EFB Operating System	
Rapid Decompression Test Report (required for pressurised aircraft)	
Stowage means / location (Class 1 only)	
Aircraft electrical power supply used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, installation STC / modification reference (Class 1 and 2 EFB only)	

5. Electronic Flight Bag Software Application Details

Please identify the EFB software applications to be used (refer to AC 91-20 paragraph 9.2).		
Application	SW Type*	Description / Use
	A	
	A	
	A	
	A	
	A	
	A	

* Software Type A, B, Approved

6. Operator Documentation

Submit a copy of the procedures developed to address:

- a. Operating procedures:
 - i. Normal operations.
 - ii. One EFB inoperative (when applicable).
 - iii. All EFB inoperative.
- b. Paperless cockpit procedures (if applicable).
- c. EFB software configuration management.
- d. EFB navigation data configuration management.
- e. Type B software validation procedures.
- f. EFB reliability monitoring procedure.

If Type B software will be used in the EFB, attach a copy of the validation results for each Type B application.

Applicant's Declaration	
To the best of my knowledge and belief, the particulars enclosed on this application are accurate in every respect and meet the requirements for approval defined in AC 91-20.	
I am submitting this form as:	
A Senior Person in a Part 119 Certificated operator.	<input type="checkbox"/>
Owner / operator of an aircraft engaged in Part 91 operations only.	<input type="checkbox"/>
Name:	Date:

CAA Use Only

Date received:

Assessment Checklist completed: . Yes

Programme approved: Yes No

Letter of Approval issued: Yes

OpSpec Amended: Yes No

Assessed By:		(Flight Operations Inspector)
Date:		
Work Request No.:		(CAA Approval Number)