



APPLICATION FOR ELECTRONIC FLIGHT BAG (EFB)

1. General Information

1. Operator: _____
2. CAA Approval number: _____
3. EFB Administrator: _____ Phone: _____
4. E-mail contact: _____
5. Airplane make, type: _____
6. Registration(s): _____
7. Additional Information: _____

2. Scope

1. EFB: Initial application; or Additional request
2. Hardware class: 1; 2; or 3 (Refer to EASA AMC 20-25)
3. Software type: A & B; A; or B (Refer to EASA AMC 20-25)
4. Power Supply: Aircraft power used ; or EFB battery only
5. Data Connectivity: No EFB-Aircraft interface; Aircraft-EFB unidirectional; or Aircraft-EFB bidirectional

3. Airworthiness

1. Aircraft modification:
 - EFB has no impact on airworthiness; EFB capability by aircraft design; or Aircraft modification incorporated
 Modification Reference: _____

2. Maintenance program:
 - Instructions for continued airworthiness incorporated in AMP; or No influence on AMP
3. Remark(s): _____

4. Hardware Application

1. Hardware platform: Notebook; Notepad; or Pocket Computer (PDA)
Make, type: _____
2. Data Storage device Installed: Hard disk (specify) FD CD/DVD Other*
Used for EFB:
3. Data transfer features installed USB Bluetooth Wi-Fi Fire wire Serial Other*
Used for EFB:
4. Cursor Navigation: Touch screen Trackball Touchpad Mouse Keyboard Other*
5. Batteries: Lithium batteries used – Liquid spillage issues addressed in documentation; or
 NO Lithium batteries used
6. *Remarks: _____

5. Software Application

1. Operating system: Windows; iOS; Android or Other
Additional information: _____
2. Application(s) based on: Manufacturer application; MS Office; Adobe PDF; Html; Other*
Additional information: _____
3. Program settings: by administrator only; by end user; or by administrator + end user
Additional information: _____
4. Intensions / tasks: _____
(Refer to EASA AMC 20-25)

- Data presentation (Manuals) Data processing (Calculations)

6. Operation, Training, Qualification

Manual Reference (Chapter, Subchapter)

1. System administration
Data base update: _____
2. System description: _____
3. System operation: _____
4. System failure
Contingency procedure: _____
5. Staff initial training: _____
6. Staff recurrent training: _____

7. Applicant Statement

The undersigned certifies 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 EFB EASA AMC 20-25.

Name of Post Holder
Maintenance: _____ Signature: _____ Date: _____

Name of Post Holder
Operations: _____ Signature: _____ Date: _____

Name of Post Holder
Training: _____ Signature: _____ Date: _____

8. Application Package

Operation manual(s), extract(s) and/or checklist(s) which include EFB description(s), operating practices and procedures.

- Form-AOC OM A OM B OM C OM D QRH MEL AFM
 EMI demonstration report (when applicable) PRA for OM Revision(s) Modification information
 Operational risk analysis (when applicable) Other: _____

For CAA use only

	Subject	Responsible	Date	Signature
1.		FO		
2.		AW		
3.		FO		
4.		FO		
5.		FO		

Withdrawal of EFB Approval

Reason: _____

Name: _____ Date: _____ Signature: _____