Each relevant box should be completed with a tick (√) or a (X). Where form must be completed by referring to a document of applicant’s documentation system, add manual reference, chapter and sub-chapter and attach the relevant pages. Please ensure all applicable areas are completed.

**RELATED REQUIREMENTS:**

From Annex V to Commission Regulation (EU) No 965/2012

CAT.GEN.MPA.140, CAT.GEN.141, CAT.GEN.MPA.180, ORO.GEN.130, ORO.GEN.140, ORO.GEN.200, ORO.MLR.100, SPA.EFB.100, CAT.POL.MAB.105, ORO.FC.230.

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| --- |
| Refer to AMC 20-25A for the references to the related certification specifications and ICAO Doc 10020 Manual of Electronic Flight Bags (EFBs) |

1. **GENERAL INFORMATION**

|  |  |
| --- | --- |
| Applicant Name and Address: |  |
| Tel/e-mail: |  |
| Contact Person Name: |  |
| Tel/e-mail: |  |

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| --- | --- | --- |
| **1.1. Fleet** | | |
| **Aircraft manufacturer, model and series** | **Registration number** | **Aircraft Serial number** |
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| **1.2.** **Scope of Application** | **Yes** | **No** |
| New EFB Assessment |  |  |
| Modification to Approved EFB |  |  |
| Application for Portable Hardware |  |  |
| Application for Installed Hardware |  |  |
| Mounting device description (if applicable): |  |  |
| Software Type A |  |  |
| Software Type B |  |  |
| Miscellaneous applications |  |  |
| Electronic signatures |  |  |
| EFB used on Ground (incl. AMMD) |  |  |
| EFB used in non-critical phases of flight |  |  |
| EFB used in all phases of flight |  |  |
| EFB used by Cockpit crew |  |  |
| EFB used by Cabin crew |  |  |
| Operation with paper backup |  |  |
| Operation with limited paper backup |  |  |
| Operation with an initial retention of paper backup |  |  |

**2. DETAILS OF HARDWARE**

|  |  |  |
| --- | --- | --- |
| Type and model: | | |
| □Data Storage Device:  □HDD  □Memory Card  □Other; type, *specify:* | | |
| Data Storage Device:  HDD  SSD  Memory Card  Other, type, *specify*: | | |
| Data Transfer Device:  Mobile network  Wi-Fi  Bluetooth  Other, type, *specify*: | | |
| Cursor Navigation:  Touch Screen  Touch Pad  Track Ball  Other, type, *specify*: | | |
| Lithium batteries:  Battery test performed, *attach documentation* | | |
| On board power supply:  Yes  No | in flight | on ground |

**3. DETAILS OF OPERATING SYSTEM**

|  |  |
| --- | --- |
| Operating System: |  |
| Updates of operating system to be performed by:  EFB Administrator only  End user/crew*, specify procedures* | |

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| --- | --- | --- | --- |
| **3.1. Type A software** - Complete listing of Applications and Provider: (ref. to AMC2 CAT.GEN.MPA.141(b)) | | **Yes** | **No** |
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| **3.2. Type B software** - Complete listing of Applications and Provider: (ref. to AMC3 CAT.GEN.MPA.141(b)) | | **Yes** | **No** |
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| **3.3. Miscellaneous software -** Complete listing of Applications and Provider: | | **Yes** | **No** |
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1. **APPLICATION PACKAGE**

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| --- | --- | --- | --- |
| **Documentation to be submitted to the Estonian Transport Administration (TRAM)** | | **Yes** | **No** |
| 1 | State fee according to the Aviation Act and state fee law |  |  |
| 2 | Evidences that EFB Manager has received appropriate training on EFB |  |  |
| 3 | Documentation for Management of Change process, including a risk assessment |  |  |
| 4 | EFB Policy and Procedure Manual |  |  |
| 5 | OM-A revision: |  |  |
| 6 | OM-A chapter 1.1 Organizational structure |  |  |
| 7 | OM-A chapter 1.3 Duties and Responsibilities of Operations Management Personnel |  |  |
| 8 | EFB Administrator – is integrated in the organizational structure of the operator |  |  |
| 9 | OM-B revision |  |  |
| 10 | OM-C revision |  |  |
| 11 | OM-D revision incl. syllabi Documentation for training programme |  |  |
| 12 | Evidences of pilots training |  |  |
| 13 | QRH revision |  |  |
| 14 | MEL revision |  |  |
| 15 | Airworthiness documentation for the Installed EFB |  |  |
| 16 | Airworthiness documentation for the Installed resources |  |  |
| 17 | Airworthiness approval for the mounting device |  |  |
| 18 | Details of the power source |  |  |
| 19 | Test documentation for use and for recharging Lithium-type batteries used to power EFBs |  |  |
| 20 | PED non-interference compliance test report |  |  |
| 21 | Electromagnetic Interference (EMI) compliance demonstration report |  |  |
| 22 | Hardware Operational Assessment report |  |  |
| 23 | Evidence of environmental testing, in particular rapid depressurisation test report |  |  |
| 24 | Risk Analysis, for all phases of the operation |  |  |
| 25 | Evidence of Human Machine Interface (HMI) assessment and Human Factors Considerations |  |  |
| 26 | Details of any data connectivity |  |  |
| 27 | Established dispatch criteria for EFB system |  |  |
| 28 | Risk Assessment – documentation for the establishment of suitable means of mitigation against failure or malfunction |  |  |
| 29 | Changes to EFB management procedure |  |  |
| 30 | Details of performance data validation conducted |  |  |
| 31 | Evidence of specific considerations for mass and balance and performance applications |  |  |
| 32 | Flight crew operating procedures |  |  |
| 33 | Operator’s EFB system compliance monitoring programme |  |  |
| 34 | Operator’s adequate security procedures to protect the EFB system at software level and to manage hardware |  |  |
| 35 | Operator’s procedures for electronic signatures |  |  |
| 36 | Operator’s established procedures for the routine maintenance of the EFB system |  |  |
| 37 | **Operator’s plan of operational evaluation test**:  (1) the starting date of the operational evaluation test;  (2) the duration of the operational evaluation test;  (3) the aircraft involved;  (4) the EFB hardware and type(s) of software including version details;  (5) the EFB policy and procedure manual;  (6) their EFB risk assessment; and  (7) for type B EFB applications that replace the paper documentation without initial retention of a paper backup and type B EFB applications that do not replace the paper documentation:  (i) a simulator line-oriented flight training (LOFT) session programme to verify the use of the EFB under operational conditions including normal, abnormal, and emergency conditions, and  (ii) a proposed schedule to allow the competent authority to observe the EFB application use in actual flight operations. |  |  |
| 38 | **Final operational report**  At the end of the Operational Evaluation Test, the operator should produce and retain a final operational report, that summarises all the activities performed and the means of compliance that were used, supporting the operational use of the EFB system. An example of typical items for the final operational report is provided in GM1 SPA.EFB.100(b). |  |  |

1. **APPLICANT’S STATEMENT**

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| The undersigned certifies that: the information supplied on this application is correct and true and complies with the applicable requirements as well as the operators safety and compliance policies and indicate that the EFB installation, continuing airworthiness of systems, minimum equipment for dispatch, operating procedures and flight crew training are in accordance with the manufacturers / operators procedures; that the details recorded on this application are an accurate description of the operator’s EFB system for which approval is sought; that the use of the EFB does not interfere with equipment or systems required for flight. | | | |
| **Responsible person** | **Name** | **Date** | **Signature** |
| Compliance Monitoring Manager |  |  |  |
| NP Flight Operation |  |  |  |
| NP Crew Training: |  |  |  |
| NP Continued Airworthiness |  |  |  |
| Safety Manager |  |  |  |
| Security Manager |  |  |  |
| EFB Manager |  |  |  |

1. **FOR OFFICIAL TRAM USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Responsible** | **Date** | **Signature** |
| 1. Application and item 4 application package checked for completeness | OPS |  |  |
| 1. Airworthiness Approval granted (Appendix to Certificate of Airworthiness) | AWI |  |  |
| 1. Aacceptance of the Operator’s operational evaluation test plan. | OPS |  |  |
| 1. Operational Approval granted (applicant’s EFB, EFB Program, operating practices, procedures and training programs have been found in compliance with applicable requirements) | OPS |  |  |
| 1. EFB approval process administratively completed (OPS Update, and Exchange of certificate). | OPS |  |  |
| **Withdrawal of EFB Approval**  Reason:  Name: Date: Signature: | | | |