



**FLIGHT OPERATIONS DIVISION  
SPECIAL APPROVAL – EFB APPROVAL  
ELECTRONIC FLIGHT BAG (EFB) APPROVAL APPLICATION FORM**

Application for an initial issue of an AOC - Submit at least 90 days before the date of intended operation  
 Formal Application for an initial issuance of an AOC shall be valid for 180 calendar days starting from the date of application  
 Application for the variation of an AOC - Submit at least 30 days before the intended date of operations A variation or amendment of an AOC  
 shall be valid for 90 calendar days starting from the date of application

## SECTION A – ORGANISATION

### 1. Organisation Details

a. Company Details	
i.	Registered name
ii.	Trading name if different
iii.	Mailing address
iv.	Telephone
v.	Fax
vi.	E-mail

b. Principal Place of Business	
i.	Mailing address:
ii.	Telephone:
iii.	Fax:
vi.	E-mail:

c. Proposed Start Date	
i.	Start

d. AOC Certification /Variation Focal Point		
Name	Telephone	Email

### 2. Nominated Post Holder Details

No	Title	Name	Telephone No	Email
a.	Accountable Manager			
b.	Director of Flight Operations			
c.	Chief Pilot Operations			
d.	Chief Pilot Training			
e.	Maintenance Manager			
f.	SMS Manager			
g.	Security Manager			
h.	Quality Manager			

## SECTION B. OPERATIONS

### 3. Proposed / Approved Type Of Operations

<input type="checkbox"/> Schedule	<input type="checkbox"/> Non-Schedule	<input type="checkbox"/> Passenger	<input type="checkbox"/> Cargo
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#### 4. Proposed / Approved Aircraft Type

No	Aircraft Type	Model	Registration No.	Build Date	Passenger Seats	Cargo Payload
a.						
b.						
c.						
d.						
e.						
f.						
g.						

#### 5. Identified / Approved Special Authorisation

a.	<input type="checkbox"/> Standard CAT II operations
b.	<input type="checkbox"/> Standard CAT IIIA operations
c.	<input type="checkbox"/> Standard CAT IIIB operations
d.	<input type="checkbox"/> Low visibility take-off (LVTO)
e.	<input type="checkbox"/> Dangerous goods transportation by air (DGs)
f.	<input type="checkbox"/> Reduced vertical separation minimum (RVSM)
g.	<input type="checkbox"/> Extended division time operations (EDTO)
h.	<input type="checkbox"/> Performance based navigation (PBN)
i.	<input type="checkbox"/> Electronic flight bag (EFB)
j.	<input type="checkbox"/> Minimum navigation performance specification (MNPS)
k.	<input type="checkbox"/> Others:

### SECTION C – EFB APPROVAL DETAILS

#### 6. EFB Approval

a.	<input type="checkbox"/> AOC Initial Certification
b.	<input type="checkbox"/> AOC Variation

#### 7. EFB – Aircraft and Installation Details

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



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### 8. EFB Hardware Details

Please Identify the EFB Hardware to be used	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, installation STC / modification reference (Class 1 and 2 EFB only)	

### 9. EFB Software Application Details

Please Identify the EFB Software Application to be used		
Application	SW Type*	Description / Use

\*Software Type A, B, Approved

### 10. Operator Documentation

Submit a copy of the procedures developed to address:

a.	Operating procedures: i. Normal procedures; ii. One EFB inoperative (when applicable); and 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 procedures.

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

### SECTION D – ACCOUNTABLE MANAGER'S DECLARATION

The undersigned certify that statements and answers provided in this application form and attachments are complete and true to the best of my knowledge and agree that they are to be considered as part of the basis for issuance of EFB approval in accordance with Civil Aviation Regulations 2016 (MCA) and Flight Operations Directives (FOD).

Name	Signature	Date



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**SECTION E – FOR CAAM USE ONLY**

Received by FOI:		Date:
Cash / Credit Card:	..... Signature of CAAM's Personnel	
Fee payable:		
Receipt No.:		