



### Application for Electronic Flight Bag (EFB)

- 1 **References** ANTR-OPS 1.1040 (I), (m)  
CAP 07
- 2 **Applicability** Operators intending to use electronic manuals in the airplane need the approval from the authority to do so.
- 3 **Completion** Explanations completing the form are given on page 3 of this document.  
Note: page 3 shall not be delivered to BCAA with the application package.

#### 4 SCOPE & GENERAL INFORMATION

4.1	EFB	Systems Hardware: <input type="checkbox"/> Portable <input type="checkbox"/> Installed Software application(s) type: <input type="checkbox"/> A <input type="checkbox"/> B
	Operator	
	Postholder Flight OPS	Tel:
	Postholder Training	Tel:
	EFB Administrator	Tel:
	e-mail contact	
4.3	Airplane information	
	Registration(s)	
	Manufacturer	
	Type/Model(s)	
	Serial No(s)	

#### 5 HARDWARE PLATFORM

5.1	<b>Make &amp; Type</b>	
5.2	EFB to be used	<input type="checkbox"/> on ground <input type="checkbox"/> in flight cruise only <input type="checkbox"/> in flight all phases
	EFB to be used by	<input type="checkbox"/> Cockpit crew <input type="checkbox"/> Cabin crew
5.3	<b>Data storage device</b>	HD CD DVD FD Other*
	Installed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Used by EFB	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Remark*	
5.4	<b>Data transfer device</b>	Bluetooth IR USB Firewire Serial Parallel Other*
	Installed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Used by EFB	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Remark*	
5.5	<b>Cursor navigation</b>	Tch. screen Tch. pad Mouse Trk. ball Keyboard Other*
	Installed and used	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Remark*	
5.6	<b>Lithium batteries used</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes</i>	<input type="checkbox"/> Specific items are addressed and regulations are included in the operational documentation.
5.7	<b>On board power used</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<i>If yes</i>	PWR source certified to be used <input type="checkbox"/> inflight <input type="checkbox"/> on ground



## 6 SOFTWARE APPLICATION(S)

6.1	<b>Operating system</b>	
	Remark	
6.2	<b>Program(s) based on</b>	
	Remark	
6.3	<b>Kind of software</b>	<input type="checkbox"/> data presentation <input type="checkbox"/> data processing
	Remark	
6.4	<b>Program settings</b>	possible by <input type="checkbox"/> System administrator <input type="checkbox"/> End user
	Remark	
6.5	<b>Intentions/Tasks to be done by EFB</b>	
6.6	<b>Classification</b>	<input type="checkbox"/> Type A <input type="checkbox"/> Type B      (CAP 07)

## 7 OPERATING – TRAINING – QUALIFICATION

	Scope:	Manual reference, chapter and subchapter:
7.1	<b>System administration – data base update</b>	
7.2	<b>System description</b>	
7.3	<b>System operation</b>	
7.4	<b>System failure (Contingency procedure)</b>	
7.5	<b>Crew basic training</b>	
7.6	<b>Crew recurrent training</b>	

## 8 APPLICATION PACKAGE

Operation manual(s) extract(s) and/or checklist(s) that include EFB operating practices and procedures.	
<input type="checkbox"/> OM/A <input type="checkbox"/> OM/B <input type="checkbox"/> OM/C <input type="checkbox"/> OM/D <input type="checkbox"/> QRH <input type="checkbox"/> MEL <input type="checkbox"/> AFM <input type="checkbox"/> Others	
<input type="checkbox"/> EMI demonstration report <input type="checkbox"/> Operational Risk Analysis	

## 9 EFB APPLICANT'S STATEMENT

The understand 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 CAP 07 for EFB systems.		
Name of EFB Project Manager	Signature:	Date:
Name of Postholder Flight Operations	Signature:	Date:
Name of Postholder Training	Signature:	Date:



## 10 PROCESS CONTROL (FOR OFFICIAL USE ONLY)

<i>Subject</i>	<i>Responsible</i>	<i>Signature</i>	<i>Date</i>
Application package complete			
Document Approval granted			
Airworthiness Approval granted			
Demo: SIM Aeroplane	FOI		
Final Inspection			
EFB approval issued & process completed			

## 11 INSTRUCTIONS TO COMPLETE THE FORM

The form shall be completed electronically using the prepared check – or selection-fields. It is also feasible to print it first and fill the information in manually.

Most of the fields are self-explanatory. Those probably needing some explanations are listed below:

4.1	<b>EFB</b>	Evaluate systems hardware (portable or installed) and software type (A, B or A+B) from the criteria stated in CAP 07
4.2	<b>Operator</b>	In addition to the phone contacts to responsible persons give specific mail address for EFB matters (i.e. the EFB project manager)
5.1	<b>Make &amp; type</b>	If the hardware used for the EFB is not addressed in the selection, give specific information in the following comment-field.
5.3	<b>Data storage device</b>	I [other]* is used, more information shall be given under [Remark]*.
5.4	<b>Data transfer device</b>	
5.5	<b>Cursor navigation</b>	
6.1	<b>Operating system</b>	If operating system used for the EFB is not addressed in the selection, give specific information in the following comment-field.
6.2	<b>Program(s) based on</b>	If the program used for the EFB is not addressed in the selection, give specific information in the following comment-field.
6.5	<b>Intentions / Tasks to be done by EFB</b>	List or describe all tasks to be handled by the proposed EFB.
6.3	<b>Classification</b>	State Classification according to CAP 07.

When completed, the form has to be printed and signed by the relevant persons. The application package has to comprise the following documents:

- EFB application form.
- Extract from OM A/B/C/D containing any information about the EFB such as system description, limitations, operating procedures and the operator's quality system related to the EFB.
- Compliance checklist(s) for revised Manual(s).
- Any certification documents of concern.