

	SIERRA LEONE CIVIL AVIATION AUTHORITY	Reference	FORM:AC-FSS024
	ELECTRONIC FLIGHT BAG (EFB) APPROVAL APPLICATION FORM	Revision	01
		Date	

FORM-AC-GEN024 ELECTRONIC FLIGHT BAG (EFB) APPROVAL APPLICATION FORM

This form is designed to elicit all the required information from those operators requiring the Electronic Flight Bag (EFB) operational approval.

1. SCOPE & GENERAL INFORMATION

1.1	EFB	EFB Type:	Portable <input type="checkbox"/>	Installed <input type="checkbox"/>
		Software application(s) type:	<input type="checkbox"/> A	<input type="checkbox"/> B
2 ^A	Operator Name			
	Designated Representative/ Manager	Tel:		
1.3	Aircraft Registration(s)			
	Manufacturer			
	Type/Model(s)			
	Serial No(s)			

2. HARDWARE PLATFORM

2.1	Hardware Type No.					
2.2	EFB to be used	on ground <input type="checkbox"/>	in-flight cruise only <input type="checkbox"/>	in-flight all phases <input type="checkbox"/>		
		Portable Devices Storage (mount) <input type="checkbox"/>	<i>*Remarks</i>			
	EFB to be used by	Cockpit crew <input type="checkbox"/>	Cabin crew <input type="checkbox"/>			
2.3 ^A	Data Storage Device	HD <input type="checkbox"/>	CD <input type="checkbox"/>	DVD <input type="checkbox"/>	FD <input type="checkbox"/>	Other <input type="checkbox"/>

	Remark	
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2.4 [^]	Data Transfer Device	N/A <input type="checkbox"/>	Bluetooth <input type="checkbox"/>	IR <input type="checkbox"/>	USB <input type="checkbox"/>	Serial <input type="checkbox"/>	Parallel <input type="checkbox"/>	Other <input type="checkbox"/>
	Remark							
2.5 [^]	Cursor Navigation	Touch screen <input type="checkbox"/>	Touch pad <input type="checkbox"/>	Mouse <input type="checkbox"/>	Track ball <input type="checkbox"/>	Keyboard <input type="checkbox"/>	Other <input type="checkbox"/>	
	Installed and used							
	Remark							
2.6	Lithium Battery Used	yes <input type="checkbox"/> no <input type="checkbox"/>						
	<i>If yes</i> →	Specific items are addressed and regulations are included in the operational documentation.						
2.7	Onboard Power Used	yes <input type="checkbox"/> no <input type="checkbox"/>						
	<i>If yes</i> →	Power source certified to be used <input type="checkbox"/> in-flight <input type="checkbox"/> on ground						

3. SOFTWARE APPLICATION(S)

3.1 [^]	Operating System Description	(e.g. MS Windows, MAC, Linux or Android)						
	Remark							
	List of programs & Applications submitted?	yes <input type="checkbox"/> no <input type="checkbox"/>						
3.2 [^]	Program(s) Based on	MS Office <input type="checkbox"/>	Adobe PDF Application <input type="checkbox"/>	Html <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	Other *specify in the Remarks <input type="checkbox"/>		
	Remark							
3.3	Kind of Software	Data presentation <input type="checkbox"/> Data processing <input type="checkbox"/>						
	Remark							
3.4	Program Settings	handled by? EFB administrator <input type="checkbox"/> End user <input type="checkbox"/>						
	Remark							
3.5 [^]	Intentions / Tasks to be Done by EFB							

4. OPERATION & TRAINING DOCUMENTATIONS

	Scope:	Document Number /Chapter and Subchapter of the Relevant Manual
4.1	System Administration & Database Update	
4.2	System Description	
4.3	System Operation	
4.4	System Failure (Contingency Procedure)	
4.5	Crew Basic Training	
4.6	Crew Recurrent Training	
4.7	MEL Reference	

5. AIRWORTHINESS DOCUMENTATIONS

	Scope:	Document Number /Chapter and Subchapter of the Relevant Manual
5.1	Certification Documentation	
5.2	Instruction for Continuing Airworthiness	

6. APPLICATION PACKAGE

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

7. EFB APPLICANT'S STATEMENT

The undersigned certify 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 the regulation and Authority approved guidance material for EFB systems.		
Designated Representative/ Manager	Signature:	Date:

Note: A minimum of 60 working days will normally be required to check and confirm the information given above. If data and/or application package are missing or omitted the process may take considerably longer.

8. APPROVAL ASSESSMENT (FOR AUTHORITY USE ONLY)

Subject	Responsible	Signature	Date
Application package complete	FOI		
Operational and training document reviewed and considered satisfactory	FOI		
Airworthiness document reviewed and considered satisfactory	AWI		
Simulator Demo: Aircraft	FOI		
Evaluation Test	FOI/AWI		
EFB approval issued & process completed	FOI		

<i>Inspectors Remarks</i>
Air Worthiness Inspector
Name.....SignatureDate.....
Flight Operations Inspector
Name.....SignatureDate.....