



**REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY**

TEL: +378 (0549) 941539 | FAX: +378 (0549) 970525 | EMAIL: registration@smar.aero

APPLICATION FOR ELECTRONIC FLIGHT BAG APPROVAL

A vertical line in the margin indicates an amendment to the previous version.

1. DETAILS OF AIRCRAFT			
Registration Mark:	T7-		
Manufacturer's Designation of Aircraft:			
Serial Number:			
2. DETAILS OF AIRCRAFT OPERATOR			
Name of Operator:			
EFB Administrator:			
Telephone No.:		Email:	
3. EFB HARDWARE			
Hardware:	<input type="checkbox"/> Portable	<input type="checkbox"/> Installed	
Make & type:			
Onboard power supply:			
Installation/mounting description:			
Data connectivity details:			
4. EFB SOFTWARE APPLICATION			
Software application type:	<input type="checkbox"/> Type A	<input type="checkbox"/> Type B	
Data storage device:			
Make & type:			
Data control & update procedure: <i>(Describe in detail):</i>			



5. SUPPORTING DOCUMENTATION	
<input type="checkbox"/> Operator's operational risk assessment	<i>(required if no previous EFB approval with same operator on type – also see Note 1 below)</i>
<input type="checkbox"/> Details of mounting device/power source	<i>(if applicable)</i>
<input type="checkbox"/> AFM or STC	<i>(if installed)</i>
<input type="checkbox"/> Operations manual (SOPs)	<i>(submit section on EFB or EFB Manual – also see Note 2 below)</i>
<input type="checkbox"/> Initial operational evaluation test report	<i>(AOC holders only – also see Note 2 below)</i>
<input type="checkbox"/> Final operational evaluation test report	<i>(AOC holders only – also see Note 2 below)</i>
<input type="checkbox"/> Performance figures verification	<i>(submit only if EFB used to calculate aircraft performance)</i>

Note 1: Operator's operational risk assessment guidance can be found in Appendix M to CAP 06.

Note 2: If the operator holds an EFB approval for the aircraft type with another ICAO Contracting State, then the operator's risk assessment and the aircraft's operational evaluation test report that such an approval was based on may be submitted and accepted by San Marino CAA. In all other cases temporary approval will be granted for 90 days for the use of an EFB pending the submission of the final operational evaluation test report.

6. DETAILS	
<i>Add here the tasks to be performed using the EFB and any other details to support the application.</i>	
<i>Is permission being requested for no paper-back up systems (paperless flight deck)?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Is permission being requested for documents required to be carried (under the applicable CAR OPS), to be available in electronic format only within an EFB?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, please ensure the EFB procedures are clearly described as guided by CAP 06.)</i>	
7. DECLARATION OF COMPLIANCE	
	<i>tick</i>
Required Hardware & Software	Installed or available <input type="checkbox"/>
Aircraft Checklists (e.g. QRH)	Checklists adequate <input type="checkbox"/>
Adequacy of Maintenance	Determined to be acceptable <input type="checkbox"/>
Training - Pilot	Conducted initial/recurrent training <input type="checkbox"/>
Software/Data currency, control and quality	Determined to be acceptable <input type="checkbox"/>
8. APPLICANTS DECLARATION	
The undersigned certifies that the above items ticked indicate that the EFB installation, continuing airworthiness of systems, minimum equipment for dispatch, operating procedures and flight crew training comply with requirements of CAR OPS 1, CAR OPS 3, CAR OPS 2A or CAR OPS 2H, as applicable.	
I also confirm that the use of the EFB does not interfere with equipment or systems required for flight.	
Date:	
Name of Flight Operations Manager:	Signature of Flight Operations Manager: