

**References:**

Electronic Flight Bag CAR Part 91.553

Instructions:

- Refer to Advisory Circular AC 91-13 Guidelines for the Approval and Use of Electronic Flight Bag (EFB) Devices before completing this application.
- Full EFB device model and application designations are required.

Note: Applicants should clearly understand that unless all the entries on this form are completed accurately and fully, the operational approval to use an EFB may be delayed.

- The charges associated with the operational approval of an EFB will be invoiced to the applicant.
- Forward this application form to;
 - Flying Operation Branch
 - Aviation Safety Regulation
 - Civil Aviation Safety Authority of PNG
 - PO Box 1941, BOROKO, NCD
 - or email: flyingoperations@casapng.gov.pg
- Applications must be submitted to CASA not less than **28** days prior to the date required

Note:

The provision of false information or failure to disclose information relevant to the grant of holding of an aviation document constitutes an offence under Section 283 of the Civil Aviation Act 2000 and is subject, in the case of a person other than a corporation, to a maximum fine of K25, 000.00 or imprisonment for a term not exceeding one year, or both.

1. Organisation Details

The legal name of organisation: <i>(The certificate will be issued in this name)</i>			
Trading or Division name:			
Client No: (if known)			
Address for Service <i>(Address for Service of Notices Ref Civil Aviation Act Section 48)</i>			
	Tel:		Email
Business Address: <i>(if different from above)</i>			
	Tel:		Email
Person or organisation who can be contacted for further information concerning this application:	Name:		
	Designation:		
	Tel		Email

2. Reason for Application – Mark the appropriate box

<input type="checkbox"/> Initial Issue	<input type="checkbox"/> Renewal	<input type="checkbox"/> Change Details
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For initial issue or re-certification after lapse or cancellation, the completed application, together with the fee of K2,000 and supporting documentation, should be submitted to:



3. Aircraft and Installation Details

Aircraft Details			
Manufacturer		Model Designation	
Multiple Aircraft	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pressurised Aircraft	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of EFB	Installed <input type="checkbox"/> Portable <input type="checkbox"/>	Paperless Cockpit Authorisation Sought	Yes <input type="checkbox"/> No <input type="checkbox"/>
EMI Test Report		For Installed, mount installation STC / Mod reference	

4. Electronic Flight Bag Hardware Details

Please identify the EFB hardware to be used (refer to AC 91-13 paragraph 9.1).	
EFB Hardware Designation	
EFB Operating System	
Rapid Decompression Test Report (required for pressurised aircraft)	
Stowage means / location.	
Aircraft electrical power supply used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, installation STC / modification reference	

5. Electronic Flight Bag Software Application Details

Please identify the EFB software applications to be used (refer to AC 91-13 paragraph 9.2).		
Application	SW Type*	Description / Use

*Software Type A, B, Approved



6. Operator Documentation

Submit a copy of the procedures developed to address:

- a. Operating procedures:
 - i. Normal operations.
 - ii. One EFB inoperative (when applicable).
 - 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 procedure.

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

Applicant's Declaration

To the best of my knowledge and belief, the particulars enclosed in this application are accurate in every respect and meet the requirements for approval defined in AC 91-13. I am submitting this form as:

A Senior Person in Part 119 Certificated Operator.

Owner/operator of an aircraft engaged in Part 91 operations only.

Name: _____ Date: _____ / _____ / _____

OFFICE USE ONLY

- 1. Received by:2. Date Received:/...../..... 3. Receipt No:
 - 4. Job No: 5. Completed by:6. Certificate issue date:
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