

## APPLICATION FOR ELECTRONIC FLIGHT BAG OPERATIONAL APPROVAL

### Instructions and advice for completing this Application Form

Applicants should refer to Aeronautical Circular AC/OPS/029 before completing this application.  
Completed application form and package should be submitted to:

Alameda Dr. Carlos D'Assumpção, 336-342, Centro Comercial Cheng Feng, 18° andar - Macau  
Tel.: (853) 28511213 · Fax: (853) 28338089 · AFTN: VMMCYAYX · E-mail: aacm@aacm.gov.mo

*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.*

### 1. APPLICATION

<input type="checkbox"/> Initial application <input type="checkbox"/> Additional request ( <input type="checkbox"/> EFB <input type="checkbox"/> Software) <input type="checkbox"/> Re-approval ( <input type="checkbox"/> EFB <input type="checkbox"/> Software)			
Operator Name:		AOC No:	
Person or organization who can be contacted for further information concerning this application:			
Name:		Job Title:	
Tel:		e-mail:	

### 2. ELECTRONIC FLIGHT BAG HARDWARE DETAILS

#### Please identify the EFB hardware (Refer to the latest AC/OPS/029)

Note: separate application form & package is required for each different Class, Manufacturer and/or Model of hardware & software configuration.

No of unit requested for this approval:		EFB to be used: <input type="checkbox"/> during non-critical phase of flight <input type="checkbox"/> in all phase of flight	
Manufacturer:		EFB to be used by: <input type="checkbox"/> Cockpit crew <input type="checkbox"/> Cabin crew	
Model:		EFB Class: <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	
Product Serial No.: (List in a separate sheet of paper if more space is needed)	1)	Operator assigned EFB Control Number: (List in a separate sheet of paper if more space is needed)	1)
	2)		2)
	3)		3)
	4)		4)
	5)		5)
EMI Test Completion Date:		Rapid Decompression Completion Date:	
Copy of test report attached <input type="checkbox"/> Yes <input type="checkbox"/> No		Copy of test report attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Storage Means/Location:		<input type="checkbox"/> Attached floor plan <input type="checkbox"/> Picture of the actual location <input type="checkbox"/> Other Description	
Onboard Power used:		<input type="checkbox"/> Yes ( <input type="checkbox"/> Hard-wired <input type="checkbox"/> Power Outlet) <input type="checkbox"/> No	
Lithium Battery used:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Data Transfer Method:		<input type="checkbox"/> WiFi <input type="checkbox"/> USB <input type="checkbox"/> IR <input type="checkbox"/> Bluetooth <input type="checkbox"/> Other _____	

### 3. ELECTRONIC FLIGHT BAG SOFTWARE APPLICATION DETAILS

Please identify the EFB software applications to be used (Refer to AC/OPS/029).

<b>EFB Operating System description:</b>	e.g. IOS (version #), MAC, Linux, Android, MS Windows	
<b>Application(s)</b>	<b>Software Type (A, B, C)</b>	<b>Description/Use</b>
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		

### 4. AIRCRAFT TO BE EQUIPPED WITH THE EFB(s) listed in Section 2.

<b>Manufacturer:</b>		<b>Model:</b>		<b>Manufacturer:</b>		<b>Model:</b>	
<b>Multiple Aircraft Use:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Multiple Aircraft Use:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If <u>Yes</u> , please list all aircraft intend to use by registration number.	1)			1)			
	2)			2)			
	3)			3)			
	4)			4)			
	5)			5)			
	6)			6)			
	7)			7)			
	8)			8)			
	9)			9)			
	10)			10)			

### 5. AERONAUTICAL CIRCULAR COMPLIANCE MATRIX

AC-Section	Operator Reference /Comments	Official Use only
4.1.1		
4.1.2		
4.1.3		
4.1.3 (i)		
4.1.3 (ii)		
4.1.3 (iii)		
4.1.3 (iv)		
4.1.3 (v)		

4.1.3 (vi)		
4.1.4		
4.1.5		
4.1.6		
4.1.7		
4.1.8		
4.1.9		
4.1.9(a)		
4.1.9(b)		
4.1.10		
4.1.11		
4.1.12		
4.1.13		
4.1.14		
4.1.14(a)		
4.1.14(b)		
4.1.14(c)		
4.1.14(d)		
5.1.1		
5.1.2		
5.1.3		
5.1.4		
5.2.1		
5.2.2		
5.2.3		
5.2.4		
5.2.5		
5.2.6		
5.3.1		
5.3.2		

5.3.3		
5.3.4		
5.4.1		
5.4.2		
5.4.3		
5.4.4		
5.4.5		
5.4.6		
5.4.7		
5.4.8		
5.4.9		
5.4.10		
5.4.11		
5.4.12		
5.4.13		
5.4.14		
5.5.1		
5.5.2		
5.5.3		
5.5.4		
5.5.5		
5.5.6		
5.6		
5.7		

#### 6. APPLICATION COMPLETENESS CHECK

<input type="checkbox"/> Completed Application Form	<input type="checkbox"/> EMI Test Report	<input type="checkbox"/> RD Demonstration result
<input type="checkbox"/> Training Program	<input type="checkbox"/> Risk Assessment Report	
<input type="checkbox"/> Publication(s) that included EFB operating policy and procedures: (Title/Rev Date) _____		

#### 7. APPLICANT'S DECLARATION

To the best of my knowledge and belief, the particulars enclosed on this application are accurate in every respect and meet the requirements for approval defined in AC/OPS/029.		
_____	_____	_____
<b>Name</b>	<b>Job Title</b>	<b>Date</b>