

PART A – Details of applicant (s) and Declaration

If you are filling in the form by hand, print neatly with a black or blue ballpoint pen. Some questions contain check boxes. Please mark ✓ where appropriate. It is in your interest to ensure that the information you provide is both accurate and complete. This information is used in the calculation of a cost estimate for the assessment of your application. It is an offence to make false declaration. The operator shall apply one application per one AOC Variation.

It is mandatory to complete the questions marked with an asterisk ()*

PART A1 – Details of applicant (s) (The Applicant is the person responsible for payment fee, if required) *

Title:		First Name: *		Last Name: *	
Address: *					
Post code: *		Email: *			
Telephone: *		Mobile:		Fax:	

PART A2 – Details of the Organization *

Organization Name *					
Trading Name *					
AOC Number *		Expiry Date *			
Address: *					
Post code: *		Telephone: *			
Email: *		Fax:			

PART A3 – Variation(s) applied for are as follows (Please annotate as applicable) *

<input type="checkbox"/> Change in Particulars of Organization	Go to Part B
<input type="checkbox"/> Change in Management Personnel <ul style="list-style-type: none"> <input type="checkbox"/> The Accountable Manager <input type="checkbox"/> Head of Flight Operations <input type="checkbox"/> Head of Ground Operations <input type="checkbox"/> Head of Engineering <input type="checkbox"/> Head of Safety <input type="checkbox"/> Head of Quality <input type="checkbox"/> Head of Training <input type="checkbox"/> Other member(s) of senior management 	Go to Part C Please submit the Application for Nomination for Air Operator Personnel Form (CAAT-OPS-AOCFM-106) Enclosed: <input type="checkbox"/>
<input type="checkbox"/> Change in Operation Specifications:	Go to Part D

PART A3 – Variation(s) applied for are as follows (Please annotate as applicable) *

<input type="checkbox"/> EDTO (Go to Part D1) <input type="checkbox"/> ADS - B OUT (Go to Part D2) <input type="checkbox"/> PBN (Go to Part D2) <input type="checkbox"/> All Weather Operations (AWO) (Go to Part D3) <input type="checkbox"/> RVSM (Go to Part D4) <input type="checkbox"/> MNPS (Go to Part D4) <input type="checkbox"/> PBCS (Go to Part D4) <input type="checkbox"/> CPDLC / ADS-C (Go to Part D4) <input type="checkbox"/> Electronic Flight Bag (EFB) (Go to Part D5) <input type="checkbox"/> Dangerous Goods (DG) (Go to Part D6) <input type="checkbox"/> Other:.....	
<input type="checkbox"/> Add / Remove Aircraft Type Same Make or Model <input type="checkbox"/> Yes <input type="checkbox"/> No	Go to Part E
<input type="checkbox"/> Add / Remove Areas of Operations	Go to Part F
<input type="checkbox"/> Add / Remove Type of Operations	Go to Part G
<input type="checkbox"/> Change in Others:.....	Go to Part H

PART B – Change in Particulars of Organization

New Name of the Organization:			
New or Additional Trading Name:			
Change new address:			
Post code:		Telephone:	
Email:		Fax:	
Change / Add Main Base:			

PART C – Change in Management Personnel

Affected to manual	Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, The operator shall submit the amended manual to the Authority if the manual is affected by requested variation.)
List of the manual is affected	
Delete	
Title:	
First Name: *	

Last Name: *			
Designated Position*			
Email: *			
Telephone: *	Mobile:	Fax:	
Effective Date: *			
Adding			
Title:			
First Name: *			
Last Name: *			
Designated Position*			
Email: *			
Telephone: *	Mobile:	Fax:	
Effective Date: *			

PART D – Change in Operations Specifications

PART D1 – Extended Diversion Time Operations (EDTO)

SECTION 1 – Aircraft Details

Aeroplane Manufacturer	Aeroplane Type Designation	Aeroplane Serial No. (MSN)	Registration mark (s)

Engine Manufacturer:

Engine Type Designation / Model Designation:

APU Manufacturer:

APU Type Designation:

SECTION 2 – Scope of Application

Application for EDTO 120 minutes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Application for EDTO 180 minutes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Application for EDTO 240 minutes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other:(e.g. 90, 138, 207 minutes etc.)	Yes <input type="checkbox"/> Minutes	
Initial request for EDTO approval for aeroplane type / model	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Aircraft Entry into Service (EIS)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Accelerated approval (Any time frame greater than 90 minutes at EIS)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Note: For the situation, either world fleet data or similar and/or other relevant aircraft type experience data should be presented as a supplement.

Configuration Maintenance Procedure (CMP) Document base on

Revision No:

Revision Date:			
SECTION 3 – Note for completion			
1. Applicability			
<p>Extended Diversion Time Operations (EDTO) applies to operators wishing to use twin-engines aircraft more than 60 minutes flying time at the approved one-engine-inoperative speed (ISA, still air condition) or 180 minutes for aircraft with more than two engines at the approved all engines cruising speed (ISA, still air condition) from any adequate aerodrome.</p> <p>The requirements for Operator Specific Approval to carry out EDTO documented in CAAT Guidance Material for Extended Diversion Time Operations (EDTO) is a major process, which will involve all aspects of a company's operations. It is therefore strongly recommended to contact CAAT before submitting an application.</p>			
2. Operator's (EDTO) Operations Manual Matrix			
<p>Refer to CAAT Guidance Material for Extended Diversion Time Operations (EDTO) Section IV is the Operator's EDTO Operations Manual Matrix. All applicants shall complete Column 4 of 4 of these matrix in full. If more than one type of aircraft/fleet is included in a single application a completed matrix should be included for each aircraft/fleet. Failure to complete the EDTO Operations Manual Matrix may result in a delay in processing your application.</p>			
Signature:			
Name:		Date:	

PART D2 – PBN, and ADS-B OUT		
Application Type:	<input type="checkbox"/> Initial issue of navigation authorization <input type="checkbox"/> Variation to existing navigation authorization	
SECTION 1 – Submission Checklist (The checklist below identifies the items that you have included in your application.)		
Aircraft Eligibility	Applicable Aircraft Flight Manual or Aircraft Flight Manual Supplement Limitations section – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Airworthiness	Maintenance schedule reference for the relevant systems – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Aircraft Maintenance Manual reference for the relevant system – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Operator’s Minimum Equipment List – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Statement of Compliance is complete and provides precise references to documents demonstrating compliance	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Aircraft equipment list is complete (make, model, part number [hardware and software])	Yes <input type="checkbox"/> No <input type="checkbox"/>
Operations	Standard operating procedures – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Reporting navigation errors/system failure procedures – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Flight crew training / recurrent syllabus implemented for the relevant Navigation Specification(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Flight crew to be qualified for the relevant Navigation Specification(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature:		
Name:		Date: <input type="text"/>

SECTION 2 - Authorization and Aircraft Details (Provide details of the aircraft and select the relevant navigation authorizations that will apply for each aircraft)															
No.	Aircraft Manufacturer	Aircraft Type	Aircraft (MSN)	Registration mark	Est. date of entry into service	Is it a new Aircraft? (Y / N)	Select only the Specific Approval that are applicable								
							RNP 10 RNAV10	RNP 4	RNP AR	RNP 0.3 (Heli)	ADS-B OUT	RNAV 5	RNAV 1 & 2	RNP 1	RNP APCH
1							<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"/>
2							<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"/>
3							<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"/>
4							<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"/>
5							<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"/>
6							<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"/>
7							<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"/>
8							<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"/>
9							<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"/>
10							<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"/>
11							<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"/>
12							<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"/>
13							<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"/>
14							<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"/>
15							<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"/>
16							<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"/>
17							<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"/>
18							<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"/>
19							<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"/>
20							<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"/>

(Use additional sheets if necessary)

PART D3 – All Weather Operations (AWO)			
Application Type:		<input type="checkbox"/> Initial apply for the authorization <input type="checkbox"/> Variation to existing the authorization	
SECTION 1 – Submission Checklist (The checklist below identifies the items that you have included in your application.)			
		Select the Applicable	Operator's Operations Manual or Reference Documents
Aircraft Flight Manual (AFM)	A copy of the relevant AFM entry showing the aircraft certification standard for AWO operations. – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Operational demonstration	Continuous monitoring programme.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Airworthiness	Maintenance schedule reference for the relevant systems – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Aircraft Maintenance Manual reference for the relevant specifications(s) – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Operator's Minimum Equipment List – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Statement of Compliance is complete and provides precise references to documents demonstrating compliance	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Aircraft equipment list is complete (make, model, part number [hardware and software]) (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Operations	Manufacturer/operator developed. Manufacturer's procedures recommended as starting point and must include at least the stated definitions. – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Outline your process for reporting of failures in the operational use of procedures.– attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Flight crew training / recurrent syllabus implemented for the relevant specification(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Flight crew to be qualified for the relevant Specification(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Operations Credits	Automatic Landing	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Enhanced Vision System (EVS)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Head-up Display (HUD)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Combined Vision System (CVS)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 2 – Low Visibility Operations									
Aircraft Type	Registrations	RVR / Decision High (DH)							
		Takeoff RVR		CAT II			CAT III		
		RVR	m.	RVR	m./DH	ft.	RVR	m./DH	ft.
		RVR	m.	RVR	m./DH	ft.	RVR	m./DH	ft.
		RVR	m.	RVR	m./DH	ft.	RVR	m./DH	ft.

		RVR m.	RVR m./DH ft.	RVR m./DH ft.
		RVR m.	RVR m./DH ft.	RVR m./DH ft.
Signature:				
Name:		Date:		

PART D4 – Navigation Authorization – RVSM, MNPS, PBCS, CDPL, and ADS-C

Please Confirm:

Yes No As an Operator is this an ‘Initial’ Application. or

Yes No Relates to a Type Variation.

Yes No Is this an application to add an aircraft registration to current approvals/authorizations

SECTION 1 – Aeroplane Information

Aeroplane Type	Aeroplane Series	MSN	Registration	Mode S (hex)	RVSM Modification / Certifications Date

SECTION 2 – RVSM OPERATIONAL APPROVAL

List those ICAO Regions for which this RVSM Operational Approval request is made. If the applicant wishes to operate in oceanic or remote airspace where RVSM is required additional MNPS approval will be required.

Metric airspace areas.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Oceanic and Remote RVSM airspace.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Continental RVSM airspace.	Yes <input type="checkbox"/> No <input type="checkbox"/>

RVSM Airworthiness Elements (Documented Objective Evidence and/or Extracts of manuals must be provided to support answers listed below)

Does the Aircraft Build and/or Modification status confirm the aircraft is RVSM compliant? (Include references to the manufacturer’s statement of RVSM compliance (if applicable). If Yes, provide details: _____.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tick Appropriate box: New Build: <input type="checkbox"/> By Modification: <input type="checkbox"/>	
Has any repair been embodied on the Aircraft which may affect RVSM compliance? (This could be related to static ports, skin waviness or to Altitude reporting systems.) If Yes, provide details: _____.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the CAME include RVSM procedures to support RVSM operations and monitoring?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes, provide details: _____	
Does the Maintenance Programme embody all tasks and associated requirements for RVSM operations? If Yes, provide details: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Reliability Programme (if applicable) embody all requirements for RVSM operations? If Yes, provide details: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Operators MEL embody all maintenance procedures and processes for upgrade/downgrade of RVSM due to system failures within RVSM critical systems? If Yes, provide details: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Flight Operations Elements (Documented Objective Evidence and/or Extracts of manuals must be provided to support answers listed below)	
Does the Aircraft Flight Manual confirm the aircraft is RVSM compliant? If Yes, documents attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the Operations Manuals include RVSM procedures to support RVSM operations? If Yes, documents attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Operators MEL embody all operational procedures and processes for upgrade/downgrade of RVSM due to system failures within RVSM critical systems? If Yes, provide details: _____.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has RVSM training, both initial and recurrent, for flight crew been incorporated in Training Manual? If Yes, provide details: _____.	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your Proposed Date for the commencement of RVSM operations?	DD-MMM-YYYY
SECTION 3 – MNPS OPERATIONAL APPROVAL	
Flight Operations Elements (Documented Objective Evidence and/or Extracts of manuals must be provided to support answers listed below)	
Does the Aircraft Flight Manual or other document that has been approved by the certifying authority as part of the airworthiness assessment confirm the aircraft is MNPS compliant? If Yes, provide details: _____.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the Operations Manuals include MNPS procedures to support MNPS operations? If Yes, provide details: _____.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Operators MEL embody all operational procedures and processes for upgrade/downgrade of MNPS due to system failures within MNPS critical systems? If Yes, provide details: _____.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has MNPS training, both initial and recurrent, for flight crew been incorporated in Training Manual? If Yes, provide details: _____.	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your Proposed Date for the commencement of MNPS operations?	DD-MMM-YYYY

SECTION 4 – CDPLC and ADS-C Authorization			
Refer to CAAT Guidance Material for Future Air Navigation Systems All applicants shall submit required documentation in item 10 Part 1			
Submission Checklist (The checklist below identifies the items that you have included in your application.)			
		Select the Applicable	Operator's Operations Manual or Reference Documents
Aircraft Flight Manual (AFM)	A copy of the relevant AFM entry showing the aircraft certification standard for Navigation Authorization – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Operational demonstration	Continuous monitoring programme.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Airworthiness	Maintenance schedule reference for the relevant systems – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Aircraft Maintenance Manual reference for the relevant specifications(s) – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Operator's Minimum Equipment List – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Statement of Compliance is complete and provides precise references to documents demonstrating compliance	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Aircraft equipment list is complete (make, model, part number [hardware and software]) (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Operations	Manufacturer/operator developed. Manufacturer's procedures recommended as starting point and must include at least the stated definitions. – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Outline your process for reporting of failures in the operational use of procedures.– attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Flight crew training / recurrent syllabus implemented for the relevant specification(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Flight crew to be qualified for the relevant Specification(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 5 – PBCS OPERATIONAL Authorization	
(PBCS operations can only be authorized to operators who are already MNPS approved or who are applying concurrently for MNPS with no restrictions)	
Flight Operations Elements (Documented Objective Evidence and/or Extracts of manuals must be provided to support answers listed below)	
Does the Aircraft Flight Manual or other document that has been approved by the certifying authority as part of the airworthiness assessment confirm the aircraft is PBCS RCP240 RSP180 & RNP4 compliant? If Yes, provide details: _____.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do the Operations Manuals include PBCS procedures to support PBCS operations including CPDLC & ADS-C? If Yes, provide details: _____.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Operators MEL embody all operational procedures and processes for upgrade/downgrade of PBCS due to system failures within PBCS critical systems including RCP and RSP? If Yes, provide details: _____.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has PBCS training, both initial and recurrent, for flight crew and operations controllers been incorporated in Training Manual? If Yes, provide details: _____.	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your Proposed Date for the commencement of MNPS operations?	DD-MMM-YYYY
SECTION 6 – Monitoring programmes (Regional Monitoring Agency) - must be completed for any application to be processed.	
Plan for Participation in Verification/Monitoring Programmes – As a minimum provide contact details of appropriate specialist (by name or by post-holder) who understands the requirements of, and the reason for, the programme. This specialist will need to be aware of the requirements to advise the authority of fleet changes* as soon as they occur and will also need to be readily contactable should routine monitoring show aberrant or unacceptable height keeping performance of an airframe.	
Name:	
Position:	
email:	
Telephone number:	
Signature:	
Name:	Date: DD-MMM-YYYY

PART D5 – Electronic Flight Bag (EFB)

This compliance checklist must be completed on initial application for use of an EFB and for subsequent significant changes, e.g. introduction of a new Type B application, change of hardware, or hardware operating system.

Please Confirm:	Yes <input type="checkbox"/> No <input type="checkbox"/>	As an Operator is this an 'Initial' Application. or
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this an application to add an aircraft / software application to current approvals/authorizations

SECTION 1 – Aircraft Details

Aeroplane Manufacturer	Aeroplane Type Designation	Aeroplane Serial No. (MSN)	Registration mark (s)

SECTION 2 – Policy and Procedure Manual Review

1. Introduction

EFB General Philosophy	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
EFB Limitations	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Updates and Change Management	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

2. EFB Management

Responsibilities	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Data Management	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Updates and Change Management	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

3. Hardware Description

EFB System Architecture	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Hardware Configuration Control	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

4. Software Description

Operating System Description	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
List and Description of Application Hosted	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

5. Flight Crew and Operational Staff training

Flight crew training	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Operational Staffs training	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

6. Operating Procedures	
Operating Procedures	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
7. Maintenance Considerations	
Maintenance considerations	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
8. Security considerations	
Security considerations	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
SECTION 3 – Flight Operations Assessment Checklist	
Part 1- Hardware	
Have the installed EFB resources been certified by a CAAT to accepted aviation standards either during the certification of the aircraft, service bulletin by the original equipment manufacturer, or by a third party STC?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the operator assessed the physical use of the device on the flight deck to include safe stowage, crashworthiness, safety and use under normal environmental conditions including turbulence?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Will the display be readable in all the ambient lighting conditions, both day and night, encountered on the flight deck?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If the EFB device is intended to be used during critical phases of flight, does it demonstrate that it meets environmental qualification standards for radiated emissions for equipment operating in an airborne environment?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the EFB been tested to confirm operation in the anticipated environmental conditions (e.g., temperature range, low humidity, altitude, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is power to the EFB, either by battery and/or supplied power, available to the extent required for the intended operation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have procedures been developed to establish the level of battery capacity degradation during the life of the EFB?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have procedures been developed which meet or exceed the OEM's battery recommendations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the operator ensured that the EFB hardware meets the requirements of the EFB software applications intended to be operated (e.g. in term of memory or CPU requirements)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Part 2 - Software	
Name of software application If Yes, provide name: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the software application installed on the EFB enable it to replace document and charts required to be carried on board the aircraft?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the software application proposed require regulatory approval prior to operational use?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the software application been evaluated to confirm that the information being provided to the pilot is a true and accurate representation of the documents or chats being replaced?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the software application been evaluated to confirm that the computational solution/s being provided to the pilot is a true and accurate solution (e.g. weight and balance, performance, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Does the software application have adequate security measures to prevent unauthorized database modifications and prevent contamination by external malware?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the EFB system provide, in general, a consistent and intuitive user interface, within and across the various hosted applications?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the EFB software been evaluated to consider HMI to include ease of access to common and time-critical system functions, consistency of symbols, terms and abbreviations, legibility of text, system responsiveness, methods of interaction, use of color, display of system status, error messages, management of multiple applications, off screen text/content and use of active regions?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the software application follow basic Human Factors guidance as described in the software HMI and the workload section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the operator considered the interdependencies of software application and the EFB platform operating system, (e.g., a failed PDF viewer may block the pilot from accessing EFB applications)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Part 3 - Installation	
Mounting	
If EFB is not mounted, can it be easily stowed securely?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Can the EFB be easily stowed securely but remain readily accessible in flight?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the installation of the mounting device been approved in accordance with the appropriate airworthiness regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If the mounting device for the EFB is moveable, can it be easily be locked in place?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has a provision been provided to secure or lock the mounting device in a position out of the way of flight crew operations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is it evident that there are no mechanical interference issues with the mounting device, either on the side panel (side stick controller) or on the control yoke in term of full and free movement under all operating conditions and non-interference with buckles, etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If EFB mounting is on the control yoke, has it been checked for negative impact (e.g. has the flight control system dynamics been checked)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has it been confirmed that the mounted EFB location does not impede crew ingress, and emergency egress path?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is it evident that the mounted EFB does not obstruct visual or physical access to aircraft displays or controls?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the mounted EFB location minimize the effects of glare and/or reflections?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the mounting method for the EFB allow easy access to the EFB controls and a clear unobstructed view of the EFB display?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is the EFB mounting easily adjustable by flight crew to compensate for glare and reflections?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the placement of the EFB allow sufficient airflow around the unit, if required?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Power Connection / Batteries	
Is there a means other than a circuit breaker to turn off the power outlet (e.g., can the pilot easily remove the plug from the installed outlet)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Dose a placard specify electrical characteristics of the power outlet (e.g., 115 VAC, 60 Hz, 100W)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If the EFB has an alternate backup power source, does the backup source have an equivalent level of safety to the primary power source?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is the power source suitable for the device?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have guidance/procedure been provided for battery failure or malfunction?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is power to the EFB, either by battery and/or supplied power, available to the extent required for the intended operation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the operator ensured, over the whole lifetime of the EFB, that it's battery is adequate for its intended operation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the operator ensured that the batteries are compliance to acceptable standards?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Cabling	
Is it evident that the EFB cabling does not present a hazard (e.g., it does not interfere with flight controls movement, egress, oxygen mask deployment, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is there a means to secure the EFB cabling, if loose cables could compromise task performance and safety?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the operator ensured that any cabling attached to the EFB, whether in the dedicated mounting or when hand-held does not present an operational or safety hazard?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Stowage	
Is stowage readily accessible in flight?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is it evident that stowage does not cause any hazard during aircraft operations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is it evident that when the EFB is stowed, the device and its securing mechanism does not intrude into the flight deck space to the extent that they cause either visual or physical obstruction of flight controls/display and/or egress routes?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Part 4 - Usability	
Operation	
Is the EFB data legible under the full range of lighting conditions expected on the flight deck, including using direct sunlight?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Can the brightness or contrast of the EFB display be easily adjusted by the flight crew for various lighting conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Can the hand held EFB be easily stowed during flight?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is it evident that the location of the EFB does not interfere with any normal or emergency procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Configuration	
Can the flight crew easily determine the validity and currency of the software application and database installed on the EFB, if required?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Part 5 - Management	
EFB Management	
Is the EFB Manager suitably trained?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is one person designated as the EFB Manager responsible for the complete system with appropriate authority within the operator's management structure?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Do the listed responsibilities of the EFB Manager match the requirements of the EFB system?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are there adequate resources assigned for managing the EFB?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Crew Procedure	
Is there a clear description of the system, its operational philosophy and operational limitations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If there is an AFM or AFM supplement limitation, has the information been incorporated into the company Operations Manual?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are the requirements for EFB availability in the Operations Manual and/or as part of the minimum equipment list (MEL)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have crew procedures for EFB operation been integrated within the existing Operations Manual?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are there suitable crew cross-checks for verifying safety-critical data (e.g., performance, weight & balance calculations)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If an EFB generates information similar to that generated by existing flight deck systems, do procedures identify which information will be primary?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are there procedures when information provided by an EFB does not agree with that from	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

other flight deck sources, or, if more than one EFB is used, when one EFB disagrees with another?	
Are there procedures that specify what actions to take if the software applications or databases loaded on the EFB are out of date?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are there back-up procedures in place to prevent the use of erroneous information by flight crews?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is there a reporting system for system failures?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have crew operating procedures been designed to mitigate and/or control additional workload created by using an EFB?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are there procedures in place to inform maintenance and flight crews about a fault or failure of the EFB, including actions to isolate it until corrective action is taken?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Do the procedures cover system re-boots, lock-ups and recovery from incorrect crew actions?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Operational Risk Analysis	
Are there procedures/guidance for loss of data and identification of corrupt/erroneous outputs?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are there contingency procedures for total or partial EFB failure?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is there a procedure in the event of a dual EFB failure (e.g., use of paper checklist or a third EFB)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have the EFB redundancy requirements been incorporated into the Operations Manual?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Training	
Does the training material match the EFB equipment status and published procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the training program include human factors/CRM in relation to EFB use?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the training program incorporate training system changes and upgrades in relation to EFB operation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Hardware Management Procedures	
Are there documented procedures for the control of EFB hardware?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Do the procedures include repair, replacement and maintenance of EFB equipment and peripherals?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Do the procedures include validation following repair?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Software Management Procedures	
Are there documented procedures for the configuration control of loaded software?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are the access rights for personnel to install or modify software components clearly defined?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are there adequate controls to prevent user corruption of operating systems and software?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are there adequate security measures to prevent system degradation, malware and unauthorized access?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are procedures defined to track database expiration/updates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are there documented procedures for the control and management of data?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are the access rights for users and managers clearly defined?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Are there adequate safeguards to prevent user corruption of data?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If the hardware is assigned to the flight crew, does a policy on private use exist?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
SECTION 4 – Airworthiness Assessment Checklist	
1. EFB Status	
Is the EFB Portable or Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
If Portable with no mounting provisions (e.g. brackets, cables) then there is no further Airworthiness Assessment.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Is the EFB Addressed in AFM (installed resource or installed only)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2. Maintenance programme and MEL	
Does the AMP contain tasks related to EFB (Installed EFB or installed resources (bracket, cables, connectors) only)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the MEL address the EFB?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

3. Installed Resources	
Check there is an CAAT approved Mod or STC for the EFB (installed EFB or installed resources only)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Check whether the EFB mounting, with and without EFB installed, can obstruct controls or affect pilot operation of required aircraft equipment	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Check for obscuration of displays?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Check accessibility of cockpit oxygen masks near EFB mounts	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Signature:	
Name:	Date: DD-MMM-YYYY

PART D6 – Dangerous Goods Permission (DG Permit)				
This form must be completed on initial application for the carriage of dangerous goods by air.				
Please Confirm:	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	As an Operator is this an 'Initial' Application.			
SECTION 1 – Person Responsible for the carriage of dangerous goods by air in the organization				
Ground Handling Name				
Name and contact details and responsible for carriage of dangerous goods by air in the organization				
Title:		First Name: *		Last Name: *
Address: *				
Post code: *		Email: *		
Telephone: *		Mobile:		Fax:
SECTION 2 – Ground Handling Agent in Thailand Details				
Self-Handling Yes <input type="checkbox"/> No <input type="checkbox"/> if No complete information below				
Ground Handling Name				
Name and contact details of ground handling agent and/or other agents with responsibility for handling of dangerous goods on behalf of operator:				
Title:		First Name: *		Last Name: *
Address: *				
Post code: *		Email: *		
Telephone: *		Mobile:		Fax:
SECTION 3 – Classification Carriage of Dangerous Goods.				
Classes of Dangerous Goods:	<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2	<input type="checkbox"/> Class 3	<input type="checkbox"/> Class 4
	<input type="checkbox"/> Class 5	<input type="checkbox"/> Class 6	<input type="checkbox"/> Class 7	<input type="checkbox"/> Class 8
	<input type="checkbox"/> Class 9	<input type="checkbox"/> COMAT Only		
	<input type="checkbox"/> Other (Please Specify) _____			
Remark:				
Signature:				
Name:		Date:	DD-MMM-YYYY	

PART E – Add / Remove Aircraft

Add New Aircraft Remove Aircraft

Same Make or Model Yes No (if No Go to Section 2)

Affected to manual Yes No (if yes, The operator shall submit the amended manual to the Authority if the manual is affected by requested variation.)

List of the manual are affected

SECTION 1 – Current Aircraft Make or Model Information

Aeroplane Manufacturer	Aeroplane Type Designation	Aeroplane Serial No. (MSN)	Registration marks	Est. date of entry into service	Is it a new Aircraft? (Y / N)

SECTION 2 – New Aircraft Type

Aeroplane Manufacturer	Aeroplane Type	Aeroplane Serial No. (MSN)	State of Registry	Registration marks	Est. date of entry into service	Is it a new Aircraft? (Y / N)

Signature:

Name:

Date:

DD-MMM-YYYY

PART F – Add or Remove Areas of Operations

<input type="checkbox"/> Add Areas of Operations		<input type="checkbox"/> Remove Areas of Operations		
Affected to manual		Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, The operator shall submit the amended manual to the Authority if the manual is affected by requested variation.)		
List of the manual are affected				
Areas of Operations	<input type="checkbox"/> Domestic			
	<input type="checkbox"/> International:	<input type="checkbox"/> Asia <input type="checkbox"/> Africa <input type="checkbox"/> Australia <input type="checkbox"/> Europe	<input type="checkbox"/> North America <input type="checkbox"/> South America <input type="checkbox"/> Antarctica <input type="checkbox"/> Other.....	
Aircraft Type		Origin		Destination
Aircraft Type		Origin		Destination
Aircraft Type		Origin		Destination
Aircraft Type		Origin		Destination
Aircraft Type		Origin		Destination
Aircraft Type		Origin		Destination
Aircraft Type		Origin		Destination
Aircraft Type		Origin		Destination
Aircraft Type		Origin		Destination
Aircraft Type		Origin		Destination
Aircraft Type		Origin		Destination
Aircraft Type		Origin		Destination
Aircraft Type		Origin		Destination
Aircraft Type		Origin		Destination
Signature:				
Name:		Date:	DD-MMM-YYYY	

PART G – Add or Remove Type of Operations

Add Remove Type of Operations : Passenger Cargo Other (Specific)

Affected to manual	Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, The operator shall submit the amended manual to the Authority if the manual is affected by requested variation.)
--------------------	--

List of the manual are affected	
---------------------------------	----------

SECTION 1: Submission Checklist (The checklist below identifies the items that you have included in your application.)

		Select the Applicable	Operator's Operations Manual or Reference Documents
Operations			
	Statement of Compliance is complete and provides precise references to documents demonstrating compliance	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Aircraft equipment list is complete (make, model, part number [hardware and software]) (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Manufacturer/operator developed. Manufacturer's procedures recommended as starting point and must include at least the stated definitions. – attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Flight crew and Operational Staffs training / recurrent syllabus implemented for the relevant specification(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Flight crew to be qualified for the relevant Specification(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Operational Staffs to be qualified for the relevant operations	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature:			
Name:		Date:	DD-MMM-YYYY

PART H – Change in Others

Specific Details

Signature:			
Name:		Date:	DD-MMM-YYYY