



REPUBLIC OF SAN MARINO
CIVIL AVIATION AUTHORITY

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DECLARATION FOR CARRIAGE OF PORTABLE EFB – CAR OPS 2, PART I AIRCRAFT

Please complete this form electronically.

1. AIRCRAFT DETAILS		
Registration Mark:	T7-	
Type Designation:		
Serial Number:		
2. APPLICANT DETAILS		
Operator:		
Telephone No.:		Email:
3. PORTABLE EFB DETAILS		
Hardware Make & type:		
Software application type:	<input type="checkbox"/> Type A	<input type="checkbox"/> Type B
Description of EFB Functions:		
4. DECLARATION OF COMPLIANCE <i>tick</i>		
Required hardware	Portable only	<input type="checkbox"/>
Risk Assessment associated with use of EFB	Conducted	<input type="checkbox"/>
Information redundancy (<i>as appropriate</i>)	Available in flight	<input type="checkbox"/>
Training for pilots on use of EFB functions	Established initial/recurrent training	<input type="checkbox"/>
Documented procedures on EFB use:	Established	<input type="checkbox"/>
5. APPLICANTS DECLARATION		
The undersigned certifies that the above items ticked are true and that the EFB does not affect the performance of the aircraft systems, equipment or the ability to operate the aircraft. Operating procedures and flight crew training comply with the requirements of the SM CAA.		
Name of Owner/Operator:	Signature of Owner/Operator:	Date:
6. DECLARATION RECEIVED BY THE CAA		
Chief Operating Officer:	Date:	
The CAA accepts this Declaration as meeting the criteria for the operational use of EFB functions to be used for the operation of the aircraft in accordance with ICAO Annex 6 Part II, paragraph 2.4.17.2.2		

This Declaration shall be carried on board during all flights.