



Civil Aviation Authority - Sultanate of Oman
APPLICATION FOR FLIGHT SIMULATION TRAINING
DEVICE (FSTD) USER APPROVAL

A. APPLICANT DETAILS

1. Operator Name:			
2. Contact Name:			
3. Phone:		Email:	
4. Expected Date of Use:			

B. ATO AND FSTD DETAILS

1. Application for:	<input type="checkbox"/> OMAN Simulator	<input type="checkbox"/> Foreign Simulator	Others:
2. ATO/AOC Facility			
3. ATO/AOC Address:	4. Street:		
	5. City:		
	6. Country:		
7. Contact Name:			
8. Phone:		9. Email:	
10. Simulator Model:		Series:	
11. FSTD Level:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C <input type="checkbox"/> D
12. Aircraft Model:		Series:	MTOM (Tons):
13. Differences:	<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Flight Instruments <input type="checkbox"/> Engine Instruments <input type="checkbox"/> COM/NAV Equipment <input type="checkbox"/> Cockpit <input type="checkbox"/> Others:		

C. APPROVAL SOUGHT:

1. Simulator lease as:	<input type="checkbox"/> Wet Lease/Full ATO Support	<input type="checkbox"/> Dry Lease (Non-ATO Support/User approval)	
2. Use for Training & Check:	<input type="checkbox"/> Instrument Rating	<input type="checkbox"/> All Weather Operation	<input type="checkbox"/> HUD / HGS / EVS
	<input type="checkbox"/> Type Rating	<input type="checkbox"/> Wind Shear	<input type="checkbox"/> TCAS
	<input type="checkbox"/> ETOPS/RNP/RVSM	<input type="checkbox"/> Proficiency Checks	<input type="checkbox"/> ZFTT
	<input type="checkbox"/> Recurrent Training	<input type="checkbox"/> Aerodrome Qualification	<input type="checkbox"/> LVTO

D. SUPPORTING EVIDENCE & REMARK:

<input type="checkbox"/> ATO Certificate	<input type="checkbox"/> Simulator Qualification Certificate
<input type="checkbox"/> Latest Statement of Qualifications/Evaluation Report	<input type="checkbox"/> Training Specifications (Wet Lease only)
<input type="checkbox"/> Training Programme	<input type="checkbox"/> TRI/TRE (Dry lease only)

<input type="checkbox"/> List of differences and proposed Training Justification
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Applicant's Remark (use separate sheet if necessary):

E. CAA USE

Recommended by:

		Signature:	
		Signature:	
<input type="checkbox"/> Foreign Authority Approval and Documented Evidence Accepted	DFS Signature:		
<input type="checkbox"/> Simulator Evaluation/Validation Required			
<input type="checkbox"/> Simulator Assessment attached			
DFS Comments:	DFS Name:		
	Date:		