

Part A - FOR FSTD APPLICANT USE.

To be submitted not less than 3 months prior to requested qualification date

1. FSTD Operator Details. The FSTD Applicant requests the evaluation of its flight simulation training device.

• FSTD Operator Name			
• FSTD Identification			
• FSTD Manufacturer Name			
• FSTD Visual System			
• Visual System Manufacturer Name			
• FSTD Motion System			
• Aircraft Type and Variant			
• Compliance Monitoring Manager	Name	Phone	Email

2. FSTD Type Details.

Type of FSTD	Aircraft Type/Class	Qualification Level Sought				
Full Flight Simulator (FFS)		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> Special category
Flight Training Device (FTD)		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	-	-
Flight and Navigation Procedures Trainer (FNPT)		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> II MCC	<input type="checkbox"/> III MCC

3. FSTD Evaluation Details. The evaluation is requested for the following configurations and engine fits.

Configurations	Engine Fits
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• Requested Evaluation Date	
• FSTD Location	
• *QTG Objective Tests Submitted Date	

*The objective tests of the QTG shall be submitted not less than **30 days** before the requested evaluation date unless otherwise agreed with the CAA

4. FSTD Operator Signature.

Name	Position	Signature	Date