

Part B - FOR FSTD APPLICANT USE.

To be completed with attached QTG results

1. FSTD Operator Details. The 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 Operator Declaration. We have completed tests of the FSTD and declare that it meets all applicable requirements except as noted below.

*The following QTG tests still have to be provided:

Test	Comments
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*It is expected that they will be completed and submitted 3 weeks prior to the evaluation date

3. FSTD Operator Signature.

Name	Position	Signature	Date