

Part C - FOR FSTD APPLICANT USE.

To be completed not less than 7 days prior to initial evaluation

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 Evaluation Team. The FSTD has been assessed by the following evaluation team:

Name	Qualification

- ☐ **FFS/FTD.** This team attests that the FSTD conforms to the airplane flight deck/helicopter cockpit configuration of the aircraft, the airplane/helicopter within the requirements of FSTD and level and that the simulated systems and subsystems function equivalently to those in that airplane/helicopter. The pilot of this evaluation team has also assessed the performance and the flying qualities of the FSTD and finds that it represents the designated airplane/helicopter.
- ☐ **FNPT.** This team attest(s) that the FSTD represents the flight deck or cockpit environment of airplane/helicopter or class of airplane/type of helicopter within the requirements of the FSTD and level and that the simulated systems appear to function as in the class of airplane/type of helicopter. The pilot of this evaluation team has also assessed the performance and the flying qualities of the FSTD and finds that it represents the designated class of airplane/type of helicopter.

3. FSTD Operator Signature.

Name	Position	Signature	Date

FOR CAA USE.

1. FSTD Initial Qualification Requirements - Assessment.

No.	Assessment Events	YES	NO
a	Assess the FSTD initial qualification is in compliance with the technical standard required by CAR ORA.		
• Assessment results		<input type="checkbox"/> Satisfactory	
• Remarks.		<input type="checkbox"/> Unsatisfactory	
Inspector Name		Signature	Date

3. FSTD Initial Qualification Approval.

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
• FSTD operator name						
• FSTD registration						
• FSTD Qualification expiry date						
Inspector Name		Signature		Date		