

A. FOR FSTD APPLICANT USE.

To be submitted not less than 1 months prior to the requested recurrent evaluation date

1. FSTD Operator Details.

• FSTD operator name			
• FSTD registration number			
• FSTD manufacturer name			
• FSTD visual System			
• FSTD motion system			
• Aircraft Type and Variant			
• FSTD entry into service date			
• Qualification expiry date			
• 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 Recurrent Evaluation Events. The above FSTD operator requests the recurrent evaluation of its FSTD - Contents of the dossier for a recurrent evaluation:

NO	Recurrent Evaluation Events	YES	NO	NA
a	FSTD Status. Status of items raised during the last evaluation and date of closure			
b	FSTD Reliability Data. Training hours month by month during the past year, numbers of complaints mentioned in the technical log, training hours lost, availability rate			
c	FSTD Operational Data. A list of FSTD users over the previous 12 months should be provided, with number of training hours			
d	FSTD Failure Tabulation. Failure tabulation including categorization of failures (by ATA chapter and Pareto diagram, ARINC classification)			
e	FSTD Main Failure. Details of main failures leading to training interruption or multiple occurrences of some failures			
f	FSTD Hardware. Hardware and/or software updates or changes since last evaluation and planned hardware and/or software updates or changes			
g	FSTD Subjective Open Defects.			
h	Airport Visual Databases. Airport visual databases including for each visual scene, name of the airport, ATA and ICAO codes, type of visual scene (specific or generic), additional capabilities (snow model, WGS 84 compliance, EGPWS)			
i	FSTD QTG Status. The list should include for each QTG test available, the date of run during the past year, any comment, and the status of the tests			
j	Result of the Scheduled Audit. Results of the scheduled internal audits and additional quality inspections (if any) since last evaluation and a summary of actions taken			

4. FSTD Recurrent Evaluation Proposed Dates.

• Recurrent Evaluation date	
• Subjective flight profile date	

5. FSTD Operator Signature.

Name	Position	Signature	Date

B. FOR CAA USE

1. FSTD Recurrent Evaluation Documents Assessment.

No.	Assessment Events	YES	NO
a	Assess CAR ORA FSTD recurrent evaluation events para A 3 with the attached supporting documents para B 4 d.		
Assessment results <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
Remarks.			
Inspector Name		Signature	Date

2. FSTD Recurrent Evaluation Technical Assessment/function and subjective tests.

No.	Assessment Events	YES	NO
a	Complete validation test flight profile in compliance with the technical standard required by CAR ORA covering the type rating training and checking requirements		
Assessment results <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
Remarks.			
Inspector Name		Signature	Date

3. FSTD Recurrent Evaluation 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
Assessment results <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory						
Remarks.						
Inspector Name		Signature		Date		

4. SUPPORTING DOCUMENTS.

- Cover letter from the FSTD Applicant for the FSTD recurrent evaluation.
- Flight Synthetic Training Device (FSTD) Recurrent Evaluation Application.
- Copy of the FSTD qualification and specification certificates
- Supporting documents for FSTD recurrent evaluation events as detailed in para A 3.