

# APPLICATION FOR SIMULATOR QUALIFICATION

Form No.: FOF-STD-001



<b>A. APPLICANT</b>		
Application form for: <input type="checkbox"/> Initial / <input type="checkbox"/> Upgrade of FSTD		
FSTD Manufacturer		
Aircraft Type		FSTD Level
<b>B. FSTD DETAILS</b>		
FAA/JAA ID Number		Location
Facility Name		Proposed Evaluation Date
Training Organization/sponsor		
FAA/JAA Designator (4 Letter Code)		
<b>C. USE OF FSTD:</b>		
<input type="checkbox"/> For TRTO approved training program as in Training Specifications		
<input type="checkbox"/> Dry lease only		
<input type="checkbox"/> For QTG tests run at the factory, not later, than 45 days prior to the proposed evaluation date with the additional "1/3 on-site" tests provided not later than 14 days prior to the proposed evaluation date		
<input type="checkbox"/> For QTG tests run on-site, not later than 30 days prior to the proposed evaluation date.		
We understand that the formal request will contain the following documents:		
1. <input type="checkbox"/> Sponsor's Letter of Request (Company Compliance Letter).		
2. <input type="checkbox"/> Principal Operations Inspector (POI)		
3. <input type="checkbox"/> Complete QTG.		
If we are unable to meet the above requirements, we understand this may result in a significant delay.		
<b>D. APPLICANT'S REMARK:</b>		
<b>E. CAMA USE</b>		
Accepted by:		Signature:
Accepted Date:		Signature:
Evaluation Date:		Signature:
DFO or CAMA Simulator coordinator instruction to CAMA ADMIN to prepare acknowledgement receipt and forward to DFO/Simulator Coordinator, followed by assigned FOI evaluator Other remarks:		Name
		Date
		Signature:

# APPLICATION FOR SIMULATOR QUALIFICATION

Form No.: FOF-STD-001



## STATEMENT OF QUALIFICATIONS

FSTD INFORMATIONS			
Sponsor Name:		Date:	
Manager/ contact:		Email:	Phone:
Address:		FSTD Location:	
Country:		Nearest Airport:	
Sponsor ID No: (JAA/FAA Designator)			
Aircraft Make/Model/ Series		Regulation basis:	
Type of Evaluation:	<input type="checkbox"/> Initial, <input type="checkbox"/> Upgrade, <input type="checkbox"/> Recurrent, <input type="checkbox"/> Special, <input type="checkbox"/> Reinstatement		
Initial Qualification:	Date:	Level	MSN:
Upgrade Qualification:	Date:	Level	eMQTG:
Qualification Basis:	<input type="checkbox"/> A, <input type="checkbox"/> B, <input type="checkbox"/> C, <input type="checkbox"/> C interim, <input type="checkbox"/> D, <input type="checkbox"/> 6, <input type="checkbox"/> 7, <input type="checkbox"/> Provision:		
OTHER TECHNICAL INFORMATION			
FSTD Manufacturer		Convertible: <input type="checkbox"/> Yes, <input type="checkbox"/> No	
Sponsor FSTD ID No:		Manufacture Date	
Airplane model/series:		Aero data Source:	
Engine model(s) / data revision:		Aero data rev no:	
FMS identification and revision:		Visual system mfg:	
Flight control data revision:		Visual system display:	
Motion system manufacturer:		FSTD computer(s) model:	
Foreign Aviation Authority:		Qualification Level:	
Qualification Basis:		Aircraft FSTD Seats:	
Flight Instrumentation: <input type="checkbox"/> EFIS, <input type="checkbox"/> Analog, <input type="checkbox"/> FMS, <input type="checkbox"/> INS, <input type="checkbox"/> Others :			
Engine Equipment: <input type="checkbox"/> ANALOG <input type="checkbox"/> EICAS <input type="checkbox"/> FADEC , <input type="checkbox"/> Others:			
Airport Models	Airport Designator	Approach	Runway
Circle to Land:			
Visual Ground Segment:			
TRAINING AND CHECK :			
<input type="checkbox"/> PPL, <input type="checkbox"/> CPL, <input type="checkbox"/> ME Rating, <input type="checkbox"/> IR, <input type="checkbox"/> Type Rating, <input type="checkbox"/> Proficiency Checks			
<input type="checkbox"/> CAT I: (RVR <input type="checkbox"/> 2400/ <input type="checkbox"/> 1800 ft. DH200 ft)		<input type="checkbox"/> Future Air Navigation Systems (HBAT 98-16A)	
<input type="checkbox"/> CAT II: (RVR 1200 ft. DH 100 ft)		<input type="checkbox"/> HUD, <input type="checkbox"/> HGS, <input type="checkbox"/> EFVS (FSTD GB 03-02)	
<input type="checkbox"/> CAT IIIA ( <input type="checkbox"/> <700ft), <input type="checkbox"/> CAT IIIB (<150ft), or <input type="checkbox"/> CAT IIIC		<input type="checkbox"/> GPWS / EGPWS	
<input type="checkbox"/> Circling Approach		<input type="checkbox"/> ETOPS Capability	
<input type="checkbox"/> Windshear Training		<input type="checkbox"/> GPS	
<input type="checkbox"/> Specific Unusual Attitudes Recoveries (FSTD GB 04-03)		Additional Helicopter Operations :	
<input type="checkbox"/> Auto- Appr/GoAround / Auto-land / Roll Out Guidance		<input type="checkbox"/> Slope Landings	<input type="checkbox"/> External Load
<input type="checkbox"/> TCAS/ACAS I /IIC7 (RA)		<input type="checkbox"/> Cat A Takeoffs	<input type="checkbox"/> Night Vision Ops
<input type="checkbox"/> WX-Radar		<input type="checkbox"/> Pinnacle Approach to Landings	
Other Trainings:			
CAMA USE ONLY			
CAMA EVALUATION TEAM (Name)		Assignment	Email
POI:			
FOI:			
FOREIGN NAA:			
Remarks:			