



Doc Ref: AS/FM/01

<b>SECTION:</b>	<b>FLIGHT OPERATION FORMS</b>	<b>FOF-SIM-001</b>
<b>TITLE:</b>	<b>APPLICATION FOR ATO/FLIGHT SIMULATION TRAINING DEVICED (FSTD) USER APPROVAL</b>	

<b>A. APPLICANT DETAILS</b>			
1. Operator Name:			
2. Contact Name:			
3. Phone:		Email:	
4. Expected Date of Use:			
<b>B. ATO AND FSTD DETAILS</b>			
1. Application for:	<input type="checkbox"/> Yemen Simulator	<input type="checkbox"/> Foreign Simulator	Others:
2. ATO/Facility Name:			
3. ATO Address:	4. Street:		
	5. City:		
	6. Country:		
7. Contact Name:			
8. Phone:		9. Email:	
10. Simulator Model:		Series:	
11. FSTD Level:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C <input type="checkbox"/> D
12. Aircraft Model:		Series:	MTOM (Tons):
13. Differences:			
<input type="checkbox"/> No <input type="checkbox"/> Yes: <input type="checkbox"/> Flight Instruments <input type="checkbox"/> Engine Instruments <input type="checkbox"/> COM/NAV Equipment <input type="checkbox"/> Cockpit <input type="checkbox"/> Others:			
<b>C. APPROVAL SOUGHT:</b>			
1. Simulator lease as:	<input type="checkbox"/> Wet Lease/Full ATO Support		<input type="checkbox"/> Dry Lease (Non-ATO Support)
2. Use for Training & Check:	<input type="checkbox"/> Instrument Rating	<input type="checkbox"/> All Weather Operation	<input type="checkbox"/> HUD / HGS / EVS
	<input type="checkbox"/> Type Rating	<input type="checkbox"/> Wind Shear	<input type="checkbox"/> TCAS
	<input type="checkbox"/> ETOPS/RNP/RVSM	<input type="checkbox"/> Proficiency Checks	<input type="checkbox"/> ZFTT
	<input type="checkbox"/> Recurrent Training	<input type="checkbox"/> Aerodrome Qualification	<input type="checkbox"/> LVTO
	<input type="checkbox"/> UPRT		
<b>D. SUPPORTING EVIDENCE &amp; REMARK:</b>			
<input type="checkbox"/> ATO Certificate		<input type="checkbox"/> Simulator Qualification Certificate	
<input type="checkbox"/> Latest Statement of Qualifications/Evaluation Report		<input type="checkbox"/> Training Specifications (Wet Lease only)	
<input type="checkbox"/> Training Syllabus		<input type="checkbox"/> TRI/TRE (Dry lease only)	
<input type="checkbox"/> List of differences and proposed Training Justification			



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*Applicant's Remark (use separate sheet if necessary):*

**E. CAMA USE**

**Recommended by:**

<b>FOI:</b>		<b>Signature:</b>	
<b>Name:</b>			
<b>Date:</b>			
<b>FOI:</b>		<b>Signature:</b>	
<b>Name:</b>			
<b>Date:</b>			
<input type="checkbox"/> Foreign Authority Approval and Documented Evidence Accepted <input type="checkbox"/> Simulator Evaluation/Validation Required		<b>DFO Signature:</b>	
<b>DFO Comments:</b>		<b>DFO Name:</b>	
		<b>Date:</b>	