



<b>SECTION:</b>	<b>LICENSING FORMS</b>	<b>LIF- ASM-001</b>
<b>TITLE:</b>	<b>APPLICATION FOR SIMULATOR USER APPROVAL</b>	

A. APPLICANT DETAILS	
<b>FTO / TRTO Name:</b>	<b>Expected use Date:</b>
<b>Contact Name:</b>	<b>Phone:</b>
<b>Email:</b>	
B. TRTO AND SIMULATOR DETAILS	
<b>Application for:</b>	<input type="checkbox"/> Yemen Simulator <input type="checkbox"/> Foreign Simulator <input type="checkbox"/> Others:
<b>FTO / TRTO Facility name:</b>	<b>City, Country</b>
<b>Contact Name:</b>	<b>Phone:</b>
<b>Email:</b>	<b>Simulator Model/Series:</b>
<b>FSTD Level:</b>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
<b>Aircraft Model/ series:</b>	<b>MTOM (Ton)</b>
<b>Differences: *</b> <input type="checkbox"/> No <input type="checkbox"/> Yes ( <input type="checkbox"/> Flight <input type="checkbox"/> Engine) Instrument, <input type="checkbox"/> Com/Nav Equipment, <input type="checkbox"/> Cockpit, or <input type="checkbox"/> Others:	
C. APPROVAL SOUGHT	
<b>Simulator Lease As:</b>	<input type="checkbox"/> Wet Lease / Full TRTO Support <input type="checkbox"/> Dry Lease (non TRTO Support)
<b>Use for Training &amp; Check:</b>	<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
D. SUPPORTING EVIDENCE & REMARK	
<input type="checkbox"/> FTO / TRTO 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	
<b>Applicant's Remark (use separate sheet):</b>	
E. CAMA ACTION (For CAMA Use Only)	
<b>Recommended by:</b> _____	
<b>Name of Inspector assigned to this application:</b> _____	
<b>Signature:</b> _____	<b>Date:</b> _____
Accepting Foreign Authority approval and documented evidence, Simulator <input type="checkbox"/> Evaluation or <input type="checkbox"/> Validation <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name of Training Center Manager:</b> _____	
<b>Signature:</b> _____	<b>Date:</b> _____
<b>Name of D.G. of PEL &amp; Examination:</b> _____	
<b>Signature:</b> _____	<b>Date:</b> _____