



الهيئة العامة للطيران المدني
General Authority of Civil Aviation

Training Centers and Flight Schools Section – Training Centers Flight Simulation/Synthetic Training Devices (FSTDs) (Airplane (A)/Helicopter (H)) FSTDs Initial Qualification Application Form GACAR PART 60, EBOOK V 4

PART A: This form to be submitted at least 90 days prior to the requested qualification date

1. FSTD Operator Details.

Training Organization/Operator Name				
Organization Certificate Number				
Organization Address				
Management Representative	Name	Position	Contact Number	E-Mail

2. FSTD Type Details.

FSTD for Aircraft Category:	<input type="checkbox"/> Airplane	<input type="checkbox"/> Helicopter
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Type of FSTD (A/H)	Aircraft Type/Class	Qualification Level						
<input type="checkbox"/> Flight Simulator (FFS)		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D			
<input type="checkbox"/> Flight Training Device (FTD)		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
<input type="checkbox"/> Advanced Aviation Training Device (AATD)								
<input type="checkbox"/> Aviation Training Device (ATD)								
<input type="checkbox"/> Basic Aviation Training Device (BATD).								
<input type="checkbox"/> Flight and Navigation Procedure Trainer (FNPT)		<input type="checkbox"/> I	<input type="checkbox"/> II		<input type="checkbox"/> II MCC			

3. FSTD Technical Details

• FSTD qualification number	
• Qualification Expiry date	
• FSTD Manufacturer Name and Serial Number	
• Visual System, if applicable	
• Number of Engines	
• Type of Engine(s)	
• Primary Reference Document	

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GACAR PART 60, EBOOK V 4**

4. Visual Data Bases Details. (If applicable)

No.	Aerodrome	Visual ground segment run way
a		
b		
c		

5. Qualification Test Guide/Qualification & Approval Guide detail.

a	FSTD Manufacturer Name	
b	Visual System Manufacturer Name	
c	QTG/QAG run on date	
d	QTG/QAG run on location	

6. Quality System Details.

Quality Management System (QMS)		YES	NO
No sponsor may use or allow the use of or offer the use of an FSTD until has a QMS program approved by GACA including at least:			
•	QMS has an approved documented process and procedures for identifying deficiencies in the program and meet GACAR PART- 60 and EBOOK V-4 requirements and any other applicable GACARs		
•	QMS has a qualified personnel		
•	Adequate number of Scheduled Audits/Inspection per year (Plan)		

7. Record Keeping.

(a)	The FSTD sponsor must establish and maintain a Record Keeping system in accordance with GACAR PART- 60.51 to maintain, but not limited to, the following records for each FSTD it sponsors:	YES	NO
(1)	The MQTG and each amendment thereto.		
(2)	A record of all FSTD modifications affected under GACAR § 60.43 since the issuance of the		
(3)	A copy of all of the following—		
(i)	Results of the qualification evaluations (initial and each upgrade) since the issuance of the original SOQ;		
(ii)	Results of the objective tests conducted in accordance with GACAR § 60.37(a)(1) for a period of 2 years;		
(iii)	Results of the previous three continuing qualification evaluations, or the continuing qualification evaluations from the previous 2 years, whichever covers a longer period; and		
(iv)	Comments obtained in accordance with GACAR § 60.23(b) for a period of at least 90 days.		
(4)	A record of all discrepancies entered in the discrepancy log over the previous 2 years,		
(b)	The records specified in this section must be maintained in plain language form or in coded form if the coded form provides for the preservation and retrieval of information in a manner acceptable to the President.		



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Part B: To be completed with attached QTG/QAG results

1. Evaluation Details.

a	Evaluation is requested for the following configurations and engine fits as applicable (e.g. 767 PW/GE and 757RR)		
	1.		3.
	2.		4.
b	Date requested		
c	FSTD will be located at		
d	Location Address		
e	QTG/ QAG submitted by date		

Note: The QTG/QAG results should be submitted not less than 30 days before the requested evaluation date unless otherwise agreed by GACA.

2. FSTD Operator Declaration.

FSTD Operator Declaration.			
a.	Organization Name: () , have completed tests of the FSTD and declare that it meets all applicable requirements of GACAR 60 (FSTD) and other applicable GACARs. Appropriate hardware and software configuration control procedures have been established for GACA inspection and approval.		
	Name	Signature	
	Position	Date	

Part C: Operator Specialist team

1. FSTD Evaluation Team.

No	Name	Title	Qualification
1			
2			
3			
4			
5			
6			



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GACAR PART 60, EBOOK V 4**

2. FSTD Operator Declaration.

- a. The above mentioned team conforms that the aircraft flight deck configuration of the above mentioned FSTD simulated systems and subsystems function equivalent to those in the applicable Aircraft type/class, if required.
- b. The pilot(s) name(s) listed above has assessed the performance and the flying qualities of the FSTD and finds that it represents the designated applicable Aircraft type/class, if required.

3. Additional Comments. (as applicable)

1	
2	
3	
4	
5	
6	

4. Operator evaluation team Signature.

No.	Name	Position	Date (dd/mm/yy)	Signature
1				
2				
3				
4				
5				

5. FSTD Operator Declaration and commitment.

<ul style="list-style-type: none"> • I certify that all information given in this form is complete and correct; • Name: () Training Center/Operator is committed to keep consistent compliance with GACAR PART-60 requirements, Certificate/approval privileges, conditions, limitations and any other applicable GACARs requirements. 		
Accountable/Executive Manager Name	Date (dd/mm/yy)	Signature



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For GACA USE ONLY

1. FSTD Qualifications Evaluation/Assessment Details

Date		FSTD for Aircraft Type/Class	<input type="checkbox"/> Type Rating <input type="checkbox"/> Class Rating
Duration of Flight Test Time		Aircraft Type/Class Rating	
FSTD Type	<input type="checkbox"/> FFS <input type="checkbox"/> FTD <input type="checkbox"/> AATD <input type="checkbox"/> ATD <input type="checkbox"/> FNPT <input type="checkbox"/> BATD	FSTD Level	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
FSTD for Aircraft Category	<input type="checkbox"/> Airplane <input type="checkbox"/> Helicopter		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
FSTD Documents	<input type="checkbox"/> SAT <input type="checkbox"/> UNSAT		<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> II MCC

2. Remarks

No.	Remarks
1	
2	
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3. FSTD Certification/Approval Status

FSTD Certification/Approval Status	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
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4. If the FSTD(s) certification/approval is rejected, mention the reason(s) below:

No.		
1		
2		
3		
4		
5		

5. GACA Certification/Approval team Recommendation(s)

Recommendations

1	
2	
3	
4	
5	
6	
7	

6. GACA Certification team

No.	Air Safety inspector Name	Position	Date	Signature
1				
2				
3				
4				

7. Supporting Documents

- This application form
- The official applicant request/letter for FSTD initial approval/certification
- Copy of FSTD manuals and checklist(s) (soft/hard copy)
- Copy of Foreign FSTD certificate/approval and specification, if applicable
- Copy of Manufacturer Qualifications Specifications
- Copy of QTG (soft) or at lease samples, if required
- FSTD Qualification Evaluation checklist
- Any other required document(s) requested by GACA