

## FSTDs INITIAL QUALIFICATION APPLICATION FORM

**PART A: THIS FORM HAS TO BE SUBMITTED AT LEAST 90 DAYS PRIOR TO THE REQUESTED QUALIFICATION DATE.**

| 1. FSTD Operator Details            |      |          |                |       |
|-------------------------------------|------|----------|----------------|-------|
| Training Organization/Operator Name |      |          |                |       |
| Organization Certificate Name       |      |          |                |       |
| Organization Address                |      |          |                |       |
| Management Representative           | Name | Position | Contact Number | Email |
|                                     |      |          |                |       |

| 2. FSTD Type Details                           |  |                                   |  |                            |                                     |                             |                            |                                 |                            |                            |  |
|--|--|-----------------------------------|--|----------------------------|-------------------------------------|-----------------------------|----------------------------|---------------------------------|----------------------------|----------------------------|--|
| FSTD for Aircraft Category                     |  | <input type="checkbox"/> Airplane |  |                            | <input type="checkbox"/> Helicopter |                             |                            |                                 |                            |                            |  |
| Organization Certificate Name                  |  | Aircraft Type/Class               |  | Qualification Level        |                                     |                             |                            |                                 |                            |                            |  |
| Flight Simulator (FFS)                         |  |                                   |  | <input type="checkbox"/> A |                                     | <input type="checkbox"/> B  |                            | <input type="checkbox"/> C      |                            | <input type="checkbox"/> D |  |
| 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 |  |
| Advanced Aviation Training Device (AATD)       |  |                                   |  |                            |                                     |                             |                            |                                 |                            |                            |  |
| Aviation Training Device (ATD)                 |  |                                   |  |                            |                                     |                             |                            |                                 |                            |                            |  |
| Basic Aviation Training Device (BATD).         |  |                                   |  |                            |                                     |                             |                            |                                 |                            |                            |  |
| 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               |  |

| 4. Visual Data Bases Details (If applicable) |           |                              |
|--|-----------|------------------------------|
| No.  | Aerodrome | Visual ground segment runway |
| a.   |           |                              |
| b.   |           |                              |
| c.   |           |                              |

| 5. Qualification Test Guide/Qualification & Approval Guide detail. |                                 |
|--|---------------------------------|
| a.   | FSTD qualification number       |
| 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 it has a QMS program approved by GACA including at least |  |  |     |                          |                          |
| a.  | 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 |  |     | <input type="checkbox"/> | <input type="checkbox"/> |
| b.  | QMS has qualified personnel  |  |     | <input type="checkbox"/> | <input type="checkbox"/> |
| c.  | Adequate number of Scheduled Audits/Inspection per year (Plan)   |  |     | <input type="checkbox"/> | <input type="checkbox"/> |

| 7. Record Keeping |   |  | YES | NO                       |                          |
|-------------------|---|--|-----|--------------------------|--------------------------|
| a.                | The FSTD sponsor must establish and maintain a Record Keeping system in accordance with GACAR |  |     | <input type="checkbox"/> | <input type="checkbox"/> |

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|   |  |                          |                          |
|---|--|--------------------------|--------------------------|
| PART- 60.51 to maintain, but not limited to, the following records for each FSTD it sponsors: |  |                          |                          |
| 1   | The MQTG and each amendment thereto.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2   | A record of all FSTD modifications affected under GACAR § 60.43 since the issuance of the  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3   | A copy of all of the following—  | <input type="checkbox"/> | <input type="checkbox"/> |
| (i)   | Results of the qualification evaluations (initial and each upgrade) since the issuance of the original SOQ;  | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii)  | Results of the objective tests conducted in accordance with GACAR § 60.37(a)(1) for a period of 2 years;   | <input type="checkbox"/> | <input type="checkbox"/> |
| (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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4   | Comments obtained in accordance with GACAR § 60.23(b) for a period of at least 90 days.  | <input type="checkbox"/> | <input type="checkbox"/> |
| b.  | A record of all discrepancies entered in the discrepancy log over the previous 2 years,  | <input type="checkbox"/> | <input type="checkbox"/> |

### PART B: TO BE COMPLETED WITH ATTACHED QTG/QAG RESULTS

|                               |   |           |  |
|-------------------------------|---|-----------|--|
| 1. Evaluation Details.        |   |           |  |
| a.                            | Evaluation is requested for the following configurations and the engine fits as applicable (e.g. 767PW/GE and 757RR)  |           |  |
|                               |   |           |  |
|                               |   |           |  |
| b.                            | Date Requested  |           |  |
| c.                            | FSTD will be located at   |           |  |
| d.                            | Location Address  |           |  |
| e.                            | QTG/ QAG submitted by date  |           |  |
| 2. 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  |      |       |               |
| 2. FSTD Operator Declaration   |      |       |               |
| The above-mentioned team confirms that the aircraft flight deck configuration of the above mentioned FSTD simulated systems and subsystem's function equivalent to those in the applicable Aircraft type/class, if required. |      |       |               |
| 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.                                 |      |       |               |

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| 3. Additional Comments (as applicable) |  |
|--|--|
| 1                                      |  |
| 2                                      |  |
| 3                                      |  |
| 4                                      |  |
| 5                                      |  |
| 6                                      |  |

| 4. Operator Evaluation Team Signature |      |          |      |           |
|---------------------------------------|------|----------|------|-----------|
| No.                                   | Name | Position | Date | Signature |
| 1                                     |      |          |      |           |
| 2                                     |      |          |      |           |
| 3                                     |      |          |      |           |
| 4                                     |      |          |      |           |
| 5                                     |      |          |      |           |

| 5. FSTD Operator Declaration and commitment  |           |      |
|--|-----------|------|
| <ul style="list-style-type: none"> <li>I certify that all information given in this form is complete and correct.</li> <li>Name: (xxx) 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.</li> </ul> |           |      |
| Accountable/Executive Manager Name   | Signature | Date |
|  |           |      |

### 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          |                                      |                             |                                       |                                 |                            |                            |                            |  |
| FSTD Type  | <input type="checkbox"/> FFS      | <input type="checkbox"/> FTD        | FSTD Level                   | <input type="checkbox"/> A           |                             | <input type="checkbox"/> B            |                                 | <input type="checkbox"/> C |                            | <input type="checkbox"/> D |  |
|  | <input type="checkbox"/> AATD     | <input type="checkbox"/> ATD        |                              |                                      |                             |                                       |                                 |                            |                            |                            |  |
|  | <input type="checkbox"/> FNPT     | <input type="checkbox"/> BATD       |                              |                                      |                             |                                       |                                 |                            |                            |                            |  |
| 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 |  |
|------------|--|
| 1          |  |
| 2          |  |
| 3          |  |
| 4          |  |
| 5          |  |
| 6          |  |
| 7          |  |
| 8          |  |
| 9          |  |
| 10         |  |

| 3. FSTD Certification/Approval Status |                                   |                                   |
|---------------------------------------|-----------------------------------|-----------------------------------|
| FSTD Certification/Approval Status    | <input type="checkbox"/> Approved | <input type="checkbox"/> Rejected |

## FSTDs INITIAL QUALIFICATION APPLICATION FORM

| 4. If the FSTD(s) certification/approval is rejected, mention the reason(s) below |  |  |
|---|--|--|
| 1   |  |  |
| 2   |  |  |
| 3   |  |  |
| 4   |  |  |
| 5   |  |  |

| 5. GACA Certification/Approval team Recommendation(s) |  |
|---|--|
| 1   |  |
| 2   |  |
| 3   |  |
| 4   |  |
| 5   |  |
| 6   |  |
| 7   |  |
| 8   |  |
| 9   |  |
| 10  |  |

| 6. GACA Certification team |                           |          |      |           |
|----------------------------|---------------------------|----------|------|-----------|
| No.                        | Air Safety inspector Name | Position | Date | Signature |
| 1                          |                           |          |      |           |
| 2                          |                           |          |      |           |
| 3                          |                           |          |      |           |
| 4                          |                           |          |      |           |
| 5                          |                           |          |      |           |

| 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                              |  |