

## FSTD QUALIFICATION RENEWAL/ADDITIONAL/RELOCATION APPLICATION FORM

**Note:** For Continuing qualification evaluation. "The sponsor must contact the President to schedule the FSTD for continuing qualification evaluations not later than 60 days before the evaluation is due." (GACAR PART-60).

### 1. FSTD OPERATOR DETAILS

Training Organization/Operator Name				
Organization Certificate Name				
Organization Address				
Contact Manager details	Name	Position	Contact Number	Email

### 2. PURPOSE OF APPLICATION

The required evaluation for the mentioned Flight Synthetic Training Device(s) Qualification in accordance with GACAR PART 60 – FSTD for:

<input type="checkbox"/> Renewal	<input type="checkbox"/> Additional	<input type="checkbox"/> Modification	<input type="checkbox"/> Relocation
Requested Date			

### 3. FSTD TYPE DETAILS

FSTD for Aircraft Category	<input type="checkbox"/> Airplane	<input type="checkbox"/> Helicopter
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Type of FSTD Aircraft (A/H)	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					

### 4. FSTD TECHNICAL DETAILS

FSTD qualification number	
Qualification Expiry date	
FSTD Manufacturer Name and Serial No.	
Visual System, if applicable	
Primary Reference Document	

### 5. VISUAL DATA BASES DETAILS (If applicable)

No.	Aerodrome	Visual ground segment runway
a.		
b.		
c.		
d.		

### 6. QUALIFICATION TEST GUIDE DETAIL.

a.	Number of QTG's run in last year (If All, state "ALL")	
b.	Number of marginal results. (QTG)	
c.	Number of failures. (QTG Number)	
d.	Number of QTG's not run	

### 7. MANUALS AND DOCUMENTATION (Current Issue)

Manual / Documentation	Current Issue/Revision No	Approved Date
Operations manual		
Training manual		
Quality manual		
SMS manual, if applicable		

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### 8. QUALITY SYSTEM DETAILS

Number of Scheduled Audits/Inspection per year	
Audits completed / in progress	
Scheduled Audits still to be commenced	

### 9. ACCOUNTABLE MANGER/HEAD OF TRAINING DECLARATION.

- I certify that all the above information given is complete and correct

Name	Position	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"/> AATD <input type="checkbox"/> FNPT	<input type="checkbox"/> FTD <input type="checkbox"/> ATD <input type="checkbox"/> BATD	<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	FSTD Level	<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

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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

1	
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### 5. GACA CERTIFICATION/APPROVAL TEAM RECOMMENDATION(S)

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### 6. GACA CERTIFICATION TEAM

No.	Air Safety inspector Name	Position	Date	Signature
1				
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### 7. SUPPORTING DOCUMENTS

These application forms
The official request/letter for FSTD approval/certification
Copy of FSTD certificate/approval issued by GACA
Copy of Qualifications Specifications certificate/approval issued by GACA
Copy of valid Foreign FSTD certificate/approval and specification, if applicable
FSTD Qualification Evaluation checklist
Any other required document(s) requested by GACA