

## FOREIGN FSTDS QUALIFICATION ACCEPTANCE APPLICATION FORM (INITIAL/RENEWAL) AIRPLANE/HELICOPTER

1. FSTD Operator Details											
	ion/Operator Name	•									
Competent Author (ICAO Contracting S											
Organization/Oper	ator Address										
Contact details	Na	Name		Phone No.		Email					
2. Application											
The above FSTD organization requests the evaluation of its Flight Simulation Training Device for GACA Acceptance											
Qualification Initial Acceptance					Qualification	Acceptance Renewal					
Date											
3. FSTD Type Details											
Type of FSTD		Type of FSTD (Airplane/Helicopter Type/Class)		Qualification Level							
Flight Simulator (FFS)						B C D					
Flight Training Device (FTD)					□ 1	□ 2					
Flight and Navigation Procedure Trainer (FNPT)											
Basic Instrument Training Device (BITD)											
Aviation Training De	1 /	2)									
Advanced Aviation Training Device (AATD) I											
4. FSTD Technic				-							
	and Specification (	Certifica	ate number								
Qualification Certif											
FSTD Manufacturer Name and Serial No. Visual System											
Primary Reference											
No.	ases Details (If app Aerodrome				Vieual grou	nd cogmont rupway					
1	Aerouronie	5			visual grou	nd segment runway					
2											
3											
4											
	est Guide Details	;									
Number of QTG's run in last year											
Number of marginal results(QTG)											
Number of failures (QTG Number)											
Number of QTG's which is not run											
7. Manuals and Documentation (Current)											
	Anual / Documentation		Curre	nt Issue N	NO.	Approved/Accepted Date					
Operations manual											
Training manual											
Quality manual											



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SMS manual, if applicable												
FSTDs Manuals												
8. Quality System Details												
Quality management System approved by the Competent Authority												
Process and procedure in place for Au	udits/Inspec											
Audits Scheduled												
Audits completed/in progress												
Scheduled Audits still to be commence												
9. Accountable Manger/Head of Training Declaration												
I certify that all the above information given is complete and correct												
Name			Signature			Date						
10. Evaluation Team												
Name		Title			Department							
11. FSTD Qualification Evaluat	ion/Asse	ssment De	etails									
Date				Duration of flight time								
Training Center Name				FSTD Level (Recommendation)								
FSTD Type & number	STD Type & number		FSTD Documents		· ·	□ SAT						
FSTD Airplane/Helicopter Type				FSTD Acceptance Evaluation/Assessment		□ SAT	□ UNSAT					
Recommendations												
Demonster												
Remarks												
Name of ASI/ Qualified Evaluator				Signature		Date						



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## 12. Supporting Documents

This application form

Copy of valid Foreign FSTD certificate/approval issued by ICAO Contracting State (Competent Authority)

Copy of valid Qualifications/Specifications certificate/approval issued by ICAO Contracting State (Competent Authority)

Copy of Quality Management System (QMS) manual approval (ICAO Contracting State (Competent Authority)

Copy of valid Foreign FSTD certificate/approval and valid Qualifications/Specifications issued by EASA and/or FAA, if applicable FSTD Qualification Evaluation checklist