

1. FSTD Operator Details									
Training Organi Name									
Competent Authority (ICAO									
Contracting State)									
Organization/Operator Address									
	Na	ame Phone No.			Phone No.	E-Mail			
Contact details									
						<u> </u>			
2. Application									
	organization reques	sts the eval	uation (of it	s Flight Simulation T	rainin	g De	vice for	GACA
Acceptance	101				D • • • • •				
☐ ☐ Quali	ification Initial Acc	eptance			☐ Qualification	on Acc	epta	nce Rer	newal
Date									
3. FSTD Type I	Details								
Ty	Type of FSTD		Type of FSTD (Airplane/Helicopter Type/Class)			s)	Qualification Level		
Flight Simulator (FFS)							\Box A	\Box B	\Box C \Box D
Flight Training Device (FTD)								1	□ 2
Flight and Navigation Procedure Trainer (FNPT)		ainer					□I		□ пмсс
Basic Instrument Training Device (BITD)									
Aviation Training Device (ATD)									
Advanced Aviation Training Device (AATD)							$\boxed{ \Box 1 \ \Box 2 \ \Box 3 \ \Box 4 \ \Box 5 \ \Box 6 \ \Box 7}$		
4. FSTD Techn	ical Details								
FSTD qualification and Specification Certificate number									
Qualification Certificate Expiry date									
FSTD Manufacturer Name and Serial No.									
Visual System									
Primary Reference Document									



5. Visual Data Bases Details. (If applicable)								
No.	Aerodrome	Visual ground segment runway						
1								
2								
3								
4								
6. (6. Qualification Test Guide Details							
Num	ber of QTG's run in last year							
Num	ber of marginal result.(QTG)							
Num	ber of failure.(QTG Number)							
Num	ber of QTG's which is not run							
- 1								
/. I	Manuals and Documentation. (Current)							
	Manual / Documentation		Current Issue No.	Approved/Accepted Date				
Oper	rations manual							
Trai	ning manual							
Quality manual								
SMS	manual, if applicable							
FST	Ds Manuals							
8. (Quality System Details.							
	lity management System approved by the petent Authority							
Proc	Process and procedure in place for Audits/Inspection							
Audi	Audits Scheduled							
Audits completed/in progress								
Sche	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	Da	ate	Signa	Signature				
10. Evaluation Team								
Name	Ti	tle	Depart	Department				
Tunic					D opar smont			
11. FSTD Qualification Evaluation	on/Ass	sessment Details						
Date	Date		Duration of flight time					
Training Center Name			FSTD Level (Recommendation)					
FSTD Type & number			FSTD Documents	□ SAT	□ UNSAT			
FSTD Airplane/Helicopter Type			FSTD Acceptance Evaluation/Assessme	nt SAT	□ UNSAT			
Recommendations								
Remarks								
Name of ASI/ Qualified Evaluator			Signature		Date			

UNSAT: Unsatisfactory

SAT: Satisfactory



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