

Training Centers Section - Flight Synthetic Training Devices (FSTDs) FSTDs 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 Number				
• Organization Address				
• Contact Manager details	Name	Position	Phone Number	E-Mail

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
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 run way
a		
b		
c		
d		

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6. Qualification Test Guide Detail.

• Number of QTG's run in last year (If All, state "ALL")	
• Number of marginal results. (QTG)	
• Number of failures. (QTG Number)	
• 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		

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	Date	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	
3	
4	
5	

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	

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6. GACA Certification team

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

7. Supporting Documents

- This 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