



Application for Approval to Use a Qualified Flight Simulator Training Device (FSTD)

Type of Approval (Please tick appropriate box)	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Variation (Changes)
FSTD Type (Please tick appropriate box)	<input type="checkbox"/> Flight Simulator <input type="checkbox"/> Flight Procedures Trainer

Applicant (FSTD User) Details Information

FSTD User (AOC Holder)	
Contact Person (Coordinator)	
Position within the Organization	
Contact details	Tel: (____) _____ Mobile: (____) _____ Fax: (____) _____ Email: _____

FSTD Operator

Name of the FSTD Operator	
Address	
Contact Person (Coordinator)	
Position within the Organization	
Contact details	Tel: (____) _____ Mobile: (____) _____ Fax: (____) _____ Email: _____
Location of the FSTD (if different from the above address)	
Quality Manager and Contact details (if different from above contact)	

FSTD Details Information

FSTD identification code / Serial Number			
Aircraft Model and Series being simulated.		Qualification Level	
Flight Simulator model and manufacturer			
Date of simulator manufacture			
Engine Type(s)	1)		
	2)		
	3)		
Visual System Manufacturer and Specification			
Motion System type and manufacturer			
FSTD Seats Available:			
Certificate(s) from other Authorities	1) Authority:	Issue Date:	
		Validity:	
		Limitation(s):	
	2) Authority:	Issue Date:	
		Validity:	
		Limitation(s):	

Required Information from FSTD User

Significant configuration or system differences existing between the FSTD and applicant's aircraft (Separated report if necessary)	Configuration(s)/System(s)		Difference Training Required (Tick if yes)	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
Category C Aerodrome(s) to be used	Aerodrome		ICAO Code	
LVO training and testing to Category (delete N/A)	CAT I	CAT II	CAT III A	CAT III B
LVTO	Approved RVR minimum: m			

ETOPS Capability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, is any ETOPS training/checking to be conducted in this FSTD: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Proposed dates for evaluation

<p>The following dates and FSTD slots are available for the evaluation:</p> <p>Note 1: a minimum of 4 dates to be included (or state dates which have already been agreed with AACM)</p> <p>Note 2: See point 1) below</p>	1.
	2.
	3.
	4.
	5.

- 1) Application must be made a minimum of 30 days before required evaluation for approval renewal or 60 days before the required evaluation for initial approval.
- 2) This form is to be completed in full and return to AACM together with all supporting documents, failure to do so may result in a delay.
- 3) Any application to use a Qualified FSTD must be accompanied by evidence of the qualification and FSTD identification number together with a copy of the latest evaluation report, a copy of FSTD current defects/discrepancies, a copy of FSTD information sheet from Master QTG and any other key information regarding the FSTD.
- 4) A User Approval will be issued for one complete year regardless of the expired date of the FSTD qualification, and will be dependent upon the continued qualification of the FSTD to the qualification level specified, and the regular update of the Navigation Database.
- 5) AACM inspector(s) may be required to visit a FSTD to evaluate the device for training, testing and checking purpose. AACM will make a charge to recover the time and travel costs of any visit made in this respect.

Declaration by the Applicant

- 1) I have read items 1) to 5) above and confirm that the relevant documentation (if applicable) is enclosed with this application.
- 2) I certify that the details I have given on this form are correct and complete.
- 3) Our pilots who are qualified on type have assessed the FSTD and found that it conforms to our aircraft fleet configuration and that the simulated systems and subsystems function equivalently to those in our aircraft. In additionally, we also found that this FSTD is compatible with our approved training and checking syllabus and program.

Name (Block Capitals)		Position within the Organization	
Applicant's Signature		Date of Signing	