



**APPLICATION FOR QUALIFICATION OF A FLIGHT SIMULATION TRAINING DEVICE
(FSTD) – PART B**

This form should be submitted at least 30 days before intended date of operation of the FSTD

FALSE REPRESENTATION STATEMENT

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons so doing render themselves liable, on summary conviction, to a severe fine and/or imprisonment.

1. APPLICANT PARTICULARS

Registered Company Name (in full):

Registered Company Number:Registration Country of Company:

Registered Office Address:

..... Postcode:

Telephone: E mail:

Trading Name (if applicable):

Trading Address (primary site):

..... Postcode:

Website address:

Authorised Representative of Company or Individual Applicant

If signing as the authorised representative of a Company, the application must be signed by either a Director or Company Secretary or a person authorised in writing by the Board to act on behalf of the Company.

If signing as an individual applicant, a photocopy of your valid passport or valid Driving Licence must accompany the application as proof of identification.

Title :..... Forename(s): Surname:

Position in Company (if applicable):

Telephone No.: E-mail:

2. STATUS OF QTG RESULTS	
We have completed tests of the FSTD and declare that it meets all applicable requirements except as noted below.	
The following QTG tests still have to be provided:	
TEST	COMMENT
It is expected that they will be completed and submitted 3 weeks prior to the evaluation date.	

3. DECLARATION	
<ul style="list-style-type: none"> I hereby declare that to the best of my knowledge the particulars entered on this application are accurate. 	
Signature:.....	Date:.....
Name (Block Capitals):.....	Position:.....

4. SUBMISSION INSTRUCTIONS	
Applications should be submitted together with the relevant fee and documents to: Department of Civil Aviation, Licensing Section, 27 Pindarou Street, 1060 Nicosia, Cyprus	
or by email to: eld@dca.mcw.gov.cy	
Checklist for submission: Please tick those items being enclosed.	
Qualification Test Guide	<input type="checkbox"/>
Details of Safety Management Procedures	<input type="checkbox"/>
Details of Compliance Monitoring Function	<input type="checkbox"/>
Dossier for an initial evaluation (ref. GM3 ORA.FSTD.100 General)	<input type="checkbox"/>