



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

**This form to be submitted not less than 7 days prior to initial evaluation**

**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: .....

<b>2. FSTD EVALUATION TEAM</b>		
The FSTD has been assessed by the following evaluation team:		
NAME	QUALIFICATION	LICENSE NUMBER (if applicable)
<input type="checkbox"/> <b>FFS/FTD:</b>  This team attests that the <i>&lt;type of FSTD&gt;</i> conforms to the aeroplane flight deck <input type="checkbox"/> /helicopter cockpit <input type="checkbox"/> configuration of <i>&lt;name of aircraft operator (if applicable), type of aeroplane/helicopter&gt;</i> aeroplane <input type="checkbox"/> /helicopter <input type="checkbox"/> within the requirements for <i>&lt;type of FSTD and level&gt;</i> and that the simulated systems and subsystems function equivalently to those in that aeroplane <input type="checkbox"/> /helicopter <input type="checkbox"/> . The pilot of this evaluation team has also assessed the performance and the flying qualities of the FSTD and finds that it represents the designated aeroplane/helicopter.		
<input type="checkbox"/> <b>FNPT:</b>  This team attests that the <i>&lt;type of FSTD&gt;</i> represents the flight deck or cockpit environment of a <i>&lt; aeroplane/helicopter or class of aeroplane/type of helicopter &gt;</i> within the requirements for <i>&lt;type of FSTD and level&gt;</i> and that the simulated systems appear to function as in the class of aeroplane <input type="checkbox"/> /helicopter <input type="checkbox"/> . The pilot of this evaluation team has also assessed the performance and the flying qualities of the FSTD and finds that it represents the designated class of aeroplane <input type="checkbox"/> /type of helicopter <input type="checkbox"/> .		
<b>(Additional comments as required)</b>		

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

<b>4. SUBMISSION INSTRUCTIONS</b>
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: <a href="mailto:eld@dca.mcw.gov.cy">eld@dca.mcw.gov.cy</a>