



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

This form should be submitted at least three months 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. MANAGEMENT STRUCTURE		
Post/Position	Full/Part Time	Name
Accountable Manager		
Safety Manager		
Compliance Monitoring Manager		
FSTD Manager		

3. FSTD DETAILS (please ensure a separate application form is completed for each device)		
Type of Application:	Aeroplane <input type="checkbox"/>	Helicopter <input type="checkbox"/>
Initial <input type="checkbox"/>	Recurrent/Revalidation <input type="checkbox"/>	Special <input type="checkbox"/>
CMS_I <input type="checkbox"/>	CMS_R <input type="checkbox"/>	
<ul style="list-style-type: none"> Initial: (FFS/FTD/FNPT/BITD): please tick where application is for the first qualification by an EU member state. Recurrent / Revalidation: (FFS/FTD/FNPT/BITD): please tick where the application is to revalidate or renew the existing qualification (or additionally for FNPT/BITD only, where a change of operator and location but no other fundamental changes). Special: (FFS/FTD only) please tick where there has been major modification to the FSTD, relocation of the FSTD or other change. Compliance Monitoring System: I = INITIAL R = RECURRENT 		
Please refer to ORA.FSTD.110 for further guidance on evaluation after FSTD modification		
FSTD code (not applicable for Initial Qualifications)		
Where device is dual qualified e.g. FTD & FNPT, please advise secondary number:		
FFS	Level A <input type="checkbox"/>	Level B <input type="checkbox"/>
	Level C <input type="checkbox"/>	Level D <input type="checkbox"/>
	Sp./Cat. <input type="checkbox"/>	
FTD	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>
	Level 3 <input type="checkbox"/>	(Helicopter only)
FNPT	FNPT I <input type="checkbox"/>	FNPT II <input type="checkbox"/>
	FNPT II MCC <input type="checkbox"/>	FNPT III <input type="checkbox"/>
		FNPT III MCC <input type="checkbox"/>
		(Helicopter only)
BITD	<input type="checkbox"/>	
Is an interim level of qualification requested? Yes <input type="checkbox"/> No <input type="checkbox"/>		
FSTD Configurations	Aircraft or class of aircraft simulated (please indicate SEP, MEP, MET, B737, etc.)	Engine or type of engine simulated (please indicate CFM56, etc. as applicable)
a)		
b)		
c)		
d)		
FSTD Manufacturer.....		Year of Manufacture.....
Visual System Type and Manufacturer (if applicable):.....		
Motion System Type and Manufacturer (if applicable):.....		

4. LOCATION OF FSTD	
Full Address:	
Postcode:	Telephone No.:
Contact name:	E-mail address.....

5. DATES FOR EVALUATION (please advise a minimum of two dates)			
FSTD Timings: (please note the following guideline FSTD availability timings for the duration of the evaluation. FSTD timings are 8 hours per day, or parts thereof <u>and are for each configuration</u> on the FSTD).			
	Initial Evaluation	Recurrent Evaluation	Special Evaluation
FFS	3 days	1 day	Dependent on scope of evaluation
FTD	1.5 days	0.75 days	
FNPT	1.5 days	0.75 days	
BITD	1 day	1 day	
Dates requested for evaluation		FSTD Timings (see below)	
1)			
2)			
For initial evaluations:			
<ul style="list-style-type: none"> The QTG will be submitted by (date) and in any event not less than 30 days before the requested evaluation date unless otherwise agreed with the authority. A declaration of readiness for evaluation will be made no less than 7 days prior to this evaluation. 			
Please refer to the Acceptable Means of Compliance and Guidance Material to Annex VII, Part ORA, AMC1.ORA.FSTD.200 for further guidance on QTG submittal and declaration of readiness.			

6. 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. I enclose the charges payable on application. I agree to pay any additional charges which may become payable in respect of this application 	
Signature:.....	Date:.....
Name (Block Capitals):.....	Position:.....

7. 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.

Applicable charge/fee

Evidence of identification (copy of passport/driving licence/etc.)

8. GUIDANCE NOTES

1. For BITD application, the manufacturer **must** complete the application form
2. For all other FSTDs, the Operator of the device **must** complete the application form

FOR OFFICIAL USE ONLY

Date:

Receipt Number:

Amount: €

Enclosures: