

# Application for Qualification Certificate or Recurrent Evaluation of a Flight Simulation Training Device (FSTD) Under EASA Aircrew Regulation Annex VII (Part-ORA), ORA.FSTD.200



Please read the included guidance notes before completing. Submission instructions can be found at the end of the form.

Unique No. (to be completed by CAA)

1. APPLICANT TYPE			
Limited Liability Partnership	Complete Section 2. a)	Public Educational Establishment University/College	Complete Section 2. b)
Limited Company	Complete Section 2. a)	Individual (Sole Trader)	Complete Section 2. c)
Charity	Complete Section 2. b)	Partnership	Complete Section 2. c)
Ministry of Defence	Complete Section 2. b)	Private Clubs	Nominated Representative to Complete Section 2. c)
Trust	Complete Section 2. b)		

<p><b>2. APPLICANT DETAILS (The Applicant is the person responsible for payment of CAA charges)</b></p> <p><b>a) A Company</b></p> <p>Registered Company Name (in full): .....</p> <p>Registered Company Number: .....</p> <p>Country of Company Registration: .....</p> <p>Registered Office Address: .....  ..... Postcode: .....</p> <p>Telephone: ..... Fax: .....</p> <p>E-mail: .....</p> <p>Trading Name: (if applicable) .....</p> <p>Trading Address (primary site): .....  ..... Postcode: .....</p> <p>Website address: .....</p> <p><b>Authorised Representative of Company</b></p> <p>This application is to be signed by either a Director or Company Secretary or a person authorised by the Board to act on behalf of the Company.</p> <p>Title: ..... Forename: ..... Surname: .....</p> <p>Position in Company: .....</p> <p>Telephone No: ..... E-mail: .....</p> <p>If you are a not a Director or Company Secretary and have been authorised to sign the application form on behalf of the Company, proof of that authority must be provided with the completed application form.</p> <p><b>This application will be considered in respect of and, if appropriate, granted to, the Company Name as registered under the Company Number provided on this form.</b></p>
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**or b) An Unincorporated Association or other body**

Name of Unincorporated Association or other body: .....

Address: .....

..... Postcode: .....

Telephone: ..... Fax: .....

E-mail: ..... Mobile Telephone: .....

Website address: .....

**Authorised Representative**

This application is to be signed by a person authorised by the body named above to act on behalf of it.

Title: ..... Forename: ..... Surname: .....

Position: .....

Charity Number (if applicable): .....

**or c) Individual (including sole traders and partnerships)**

Title: ..... Forename: ..... Surname: .....

Address: .....

..... Postcode: .....

Telephone: ..... Fax: .....

E-mail: ..... Mobile Telephone: .....

Trading Name: (if applicable) .....

Website address: .....

A photocopy of your valid Passport or valid photocard Driving Licence must accompany your application as proof of identification. Failure to supply proof of identification may result in a delay to the application processing time.

In the case of a partnership, please complete details of all partners. Continued on a separate sheet

**3. MANAGEMENT STRUCTURE**

Post / Position	Full / Part time	Name
Accountable Manager		
SMS / Quality Manager		

<b>4. FSTD DETAILS: please ensure one application form is completed per device</b>				
Type of Application: see below (Please tick all that apply)		Aeroplane	Helicopter	
Initial	Recurrent/ Revalidation	Special	BASA-SIP (FFS-A only)	
CMS I	CMS R	EEP		
<ul style="list-style-type: none"> <li>• <b>Initial:</b> (FFS/FTD/FNPT/BITD): please tick where application is for the first qualification by an EU member state.</li> <li>• <b>Recurrent / Revalidation:</b> (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).</li> <li>• <b>Special:</b> (FFS/FTD only) please tick where there has been major modification to the FSTD, relocation of the FSTD or other change.</li> <li>• <b>Compliance Monitoring System:</b> I = INITIAL R = RECURRENT</li> <li>• <b>BASA-SIP:</b> (FFS-A only, completion of BASA-SIP special conditions)</li> <li>• <b>EEP:</b> Extended Evaluation Program (FFS-A only)</li> </ul>				
<b>Please refer to the Annex VII, ORA.FSTD.110 for further guidance on evaluation after FSTD modification.</b>				
<b>FSTD code</b> (Not applicable for initial evaluation applications): UK /...../..... (e.g. XX-111 (for FFS/FTD) or XXX-111 (for FNPT/BITD))				
<b>Where device is dual qualified e.g. FTD &amp; FNPT</b> , please advise secondary no. also: UK/...../.....				
<b>FFS</b>	Level A	Level B	Level C	Level D
	Level AG	Level BG	Level CG	Level DG
	Level SC			
<b>FTD</b>	Level 1	Level 2	Level 3 (Helicopter only)	
<b>FNPT</b>	FNPT 1	FNPT II	FNPT III (Helicopter only)	
		FNPT II MCC	FNPT III MCC (Helicopter only)	
<b>BITD</b>				
<b>Is an interim level of qualification requested?</b> Yes      No				
<b>FSTD Configurations</b>	<b>Aircraft or class of aircraft simulated:</b> (please indicate SEP, MEP, ME Turbine, B737 etc.)		<b>Engine or type of engine simulated:</b> (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): .....				
FSTD Sponsoring Airline / Training Organisation Reference Number (if applicable): .....				
For all Initial Evaluations, please complete Appendix A (Tick if completed)				

## 5. LOCATION OF FSTD

Full Address:.....  
.....Postcode: .....  
Contact name: ..... Telephone No.: .....  
Email address: .....

## 6. DATES FOR EVALUATION (please advise a minimum of two dates for FFS / FTD, or one date for FNPT / BITD)

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 and are for each configuration on the FSTD).

	Initial Evaluation	Recurrent Evaluation	Special Evaluation	BASA-SIP
<b>FFS</b>	3 days	1 day	Dependent upon Scope of Evaluation	3 hours
<b>FTD</b>	1.5 days	0.75 days		N/A
<b>FNPT</b>	1.5 days	0.75 days		N/A
<b>BITD</b>	1 day	1 day		N/A

Dates requested for evaluation:

1)

2)

FSTD Timings (see below):

For initial evaluations:

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.

## 7. CHARGES

Where charges are to be paid other than by the applicant, please enter the name of the person/company who is paying:

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### IMPORTANT NOTES:

- **Additional Charges:** Where the cost of the CAA investigations exceeds the application charge payable, the applicant shall pay additional charges to recover those excess costs incurred by the CAA in accordance with the Scheme of Charges.
- **Overseas Visits:** If a Member or employee of the CAA is required to travel overseas in respect of this application you are advised to read the CAA Scheme of Charges to which this application relates and the section entitled 'Additional charge where functions are performed abroad'. All expenses incurred in pursuance of this application by virtue of travelling overseas will be payable by the applicant on demand.
- **Withdrawal/Cancellation of Approval:** In the event that this application is withdrawn by the applicant, a cancellation charge may be levied. The cancellation charge reflects the work carried out by the CAA on behalf of the applicant up to the point of cancellation. Please see the CAA Refunds Policy at [www.caa.co.uk/ors5](http://www.caa.co.uk/ors5) for more information. Where sufficient funds remain from the original application charge, this charge will be deducted from any refund made in respect of the application following cancellation.

NB: This application will not be processed until the applicable charges have been received.

## 8. FINANCIAL DECLARATION

- I hereby declare that to the best of my knowledge the particulars entered on this application are accurate.
- I agree to pay the charges for this application in accordance with the Scheme of Charges ([www.caa.co.uk/ors5](http://www.caa.co.uk/ors5)).
- I agree to pay any additional charges which may become payable in respect of this application under the Scheme of Charges.

Name of Applicant: .....  
(as shown in 2 a), 2 b) or 2 c))

Signature of Applicant (named in 2 c)): .....

or Signature of Authorised Representative (named in 2 a) or 2 b)): .....

Date: .....

## FALSE REPRESENTATION STATEMENT

It is an offence under the UK Air Navigation Order to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, license, approval, permission or other document. This offence is punishable on summary conviction by a fine, and on conviction on indictment with an unlimited fine or imprisonment or both.

## 9. APPLICATION FORM SUBMISSION SERVICE (SUBMIT & PAY)

Once you have completed your application form, please save a copy to your device. Click on the button below to submit your application, supporting documentation (if applicable) and to make payment by credit/debit card. You will be required to upload a copy of the completed application form as part of the submission.

The button will direct you to the CAA Customer Portal. The first time you access the CAA Customer Portal you will need to create a user account, there are instructions provided and it only takes a few minutes to register. If you have used the CAA Customer Portal before, please log in to your existing user account.

Please note: Your application will not be processed until you have submitted it via the CAA Customer Portal and paid the relevant fee.

The charge(s) required will be calculated in accordance with the current CAA Scheme of charges [List of Official Record Series 5 - Scheme of Charges \(caa.co.uk\)](http://www.caa.co.uk/ors5)

**Important: Please save your completed form before proceeding.**

**Application Form Submission Service**

If you prefer, you can access the service by logging onto the CAA Customer Portal via <https://portal.caa.co.uk> and selecting the Application Form Submission Service.

## Guidance Note 1

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

**10. APPLICATION FOR EVALUATION OF A FLIGHT SIMULATION TRAINING DEVICE (FSTD) UNDER EASA AIRCREW REGULATION ANNEX VII (PART-ORA), ORA.FSTD.200**  
**APPENDIX A: INITIAL EVALUATIONS ONLY**

**1) FFS/FTD (A): Please indicate the following device information and capability**

CAT I	CAT II	CAT IIIA	CAT IIIB
LVTO RVR			
Auto-coupled approach			
Auto-land			
Roll-out guidance			
ACAS version:			
Windshear:	Windshear profile simulation Windshear warning Flight Guidance Predictive Windshear		
Weather radar			
HUD / HUGS			
EVS / SVS			
FANS			
GPWS / EGPWS / TAWS			
ETOPS capability			
GPS			
Flight Engineer Station			
Engine Instrumentation type			
Flight Instrumentation type			
FMS type and revision			
Autopilot type and revision			
Other capability			

**2) FFS/FTD (H): Please indicate the following device information and capability**

CAT I	CAT II	
LVTO RVR		
Auto-coupled approach		
ACAS / TCAS		
Weather radar		
GPWS / EGPWS / TAWS		
GPS		
ARA		
NVIS		
Ditching		
Ship Landing		
Rig Landing		
Elevated Platform Landing		
Engine Instrumentation type		
FMS type and revision		
Autopilot type and revision		
Other capability		
Flight Instrumentation type		

**3) FNPT / BITD (A/H): Please indicate the following device information as applicable**

Engine Instrumentation type
Flight Instrumentation type
Host computer database version
Visual database version