

# Application for Qualification of a Flight Simulation Training Device

Please fill in the framed fields of the form, sign it and send it together with attachments to [airworthiness@austrocontrol.at](mailto:airworthiness@austrocontrol.at), or via FAX to +43 (0) 51703 1666, or by post to:

AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, Austria

## 1 Application type

Initial Qualification     Variation of the Qualification     Upgrade of the Qualification Level    [ACE STD]

## 2 Applicant

Company name, association or name of the person

Street  Place  Postal  Country

Telephone  Fax  E-Mail

## 3 Flight Simulation Training Device

Manufacturer  FSTD-Location

Aircraft simulated (Type/Class)  Serial Number

Primary reference document (e.g. JAR-FSTD A)  FSTD-ID Number (if applicable)

## 4 Requested Qualification Level

FFS Level A     FTD 1     FNPT I     BITD  
 FFS Level B     FTD 2     FNPT II  
 FFS Level C     FTD 3     FNPT III  
 FFS Level D     MCC

## 5 Qualification period

This part is to be submitted not less than 60 days prior to requested date of qualification.

Requested date:

## 6 Attachments (Please attach, if not specified differently, copies of the listed documents to the application)

- Qualification Test Guide with documented tests (for Initial Qualification only)
- Compliance Monitoring System (for Initial Qualification only)
- Operator's Manual (for Initial Qualification only)
- Dossier (according to GM3 ORA.FSTD.100 General) shall be submitted not later than 14 days prior to the evaluation

## 7 Statement

We have completed all tests of the Flight Simulation Training Device and declare that it meets all applicable requirements of the REG (EU) No 1178/2011 as amended. The above simulator is fully defined in the accompanying Qualification Test Guide (QTG) unless otherwise agreed with the Authority.

## 8 Signature

Place  Date  Name  Signature