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| 1. **Applicant** | | | |
| 1.1 **Applicant Data** | | | |
| * + 1. **Applicant Name**   (registered company name) |  | | |
| 1.1.2 **Company Number** |  | | |
| * + 1. **Address**   (registered business address) | Street/Nr |  | |
| Post code |  | |
| City |  | |
| Country |  | |
| * + 1. **Phone / Fax** |  |  | |
| 1.1.5 **Contact Person**  (authorized representative of company) | Title | Mr./Ms. | |
| Name |  | |
| First Name |  | |
| Job Title |  | |
| Phone |  | |
| E-mail |  | |
| 1.2 **Device Location** | Same as Applicant Data in Section 1.1 (🡪continue with section 1.3) | | |
| 1.2.1 **Applicant Name** | Same as in section 1.1.1 Applicant Name | | Other (please specific below) |
| Name |  | |
| 1.2.2 **Device Location Address** | Same as in section 1.1.5 Contact Person | | Other (please specific below) |
| Street/Nr |  | |
| Post code |  | |
| City |  | |
| Country |  | |
| 1.3 **Billing Data** | Same as Applicant Data in Section 1.1 (🡪continue with section 1.3.4) | | |
| 1.3.1 **Applicant Name** | Same as in section 1.1.1 Applicant Name (other name only in exceptional case) | | |
| 1.3.2 **Billing Address** | Same as in section 1.1.3 Address | | Other (please specific below) |
| Street/Nr |  | |
| Post code |  | |
| City |  | |
| Country |  | |

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| * + 1. **Contact Person**   (Financial) | Same as in section 1.1.5 Contact Person | | | Other (please specific below) |
| Title | Mr. / Ms. | | |
| Name |  | | |
| First Name |  | | |
| Job Title |  | | |
| Phone |  | | |
| * + 1. **Financial Contact E-mail**   Invoice PDF copy will be issued to this address |  |  | | |
| 1.4 **Certificate Delivery Data** | Same as Applicant Data in Section 1.1 | | | |
| 1.4.1 **Applicant Name** | Same as in section 1.1.1 Applicant Name | | | Other (please specific below) |
| Name |  | | |
| 1.4.2 **Delivery Address** | Same as in section 1.1.3 Address | | | Other (please specific below) |
| Street/Nr |  | | |
| PO Box |  | | |
| Post Code |  | | |
| City |  | | |
| Country |  | | |
| 1.4.3 **Contact Person**  (Certificate Delivery) | Same as in section 1.1.5 Contact Person | | | Other (please specific below) |
| Title | Mr. / Ms. | | |
| Name |  | | |
| First Name |  | | |
| Job Title |  | | |
| Phone |  | | |
| E-mail |  | | |
| Applicant’s Reference | Please provide an individual reference to this application | | | |
| 1. **Management Structure** | | | | |
| Post / Position | Full / Part Time | | Name | |
| Accountable Manager |  | |  | |
| SMS / Quality Manager |  | |  | |

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| 1. **Identification of activity** | | | | | | | | | | |
| 3.1 **Qualification** | 3.1.1 Initial FSTD qualification | | | | | | | | | |
| 3.1.2 Renewal | | | | | | | | | |
| 3.2 **Changes to a qualified FSTD**  Evaluation of an already qualified Flight Simulation Training Device following a modification. | 3.2.1 FSTD modification  3.2.2 Change of qualification level  3.2.3 FSTD relocation  3.2.4 Re-issuance of a FSTD qualification certificate | | | | | | | | | |
| 1. **FSTD Details** | | | | | | | | | | |
| * 1. **Type of simulated aircraft**   If the device can simulate more than one aircraft type, please submit a separate application for each term. | Model (Type of aircraft) | |  | | | | | | | |
| Variant (s) | | Single | | Dual | | | | | Three or more |
| List of Variants | |  | | | | | | | |
| Nr of engine configurations | | Single | | Dual | | | | | Three or more |
| List of engine  type / models | |  | | | | | | | |
| * 1. **Type of simulated generic aircraft**   If the device simulates a class of aeroplane or type of helicopter, please submit a separate application for each of them. | Model (class or aeroplane or type of helicopter) | |  | | | | | | | |
| * 1. **Device information** | FSTD manufacturer | |  | | | | | | | |
| FSTD serial number | |  | | | | | | | |
| Multi type | | Yes | | | | No | | | |
| Year of entry into service  (mm/yy) | |  | | | | | | | |
| Operator Management System audit performed | | Yes | Date: | | | | | | |
| Authority: | | | | | | |
| No |  | | | | | | |
| * 1. **Visual system**   (if applicable) | Collimated system | | Yes | | | | | No | | |
| Field of view | |  | | | | | | | |
| Display Manufacturer | |  | | | | | | | |
| Technology | |  | | | | | | | |
| Image generator (IG)  manufacturer | |  | | | | | | | |
| IG Model | |  | | | | | | | |
| * 1. **Motion system**   To be completed only in the case of devices fitted with a motion system, motion seats, vibration platform, etc. | Motion manufacturer | |  | | | | | | | |
| Motion model | |  | | | | | | | |
| Motion technology and Degrees of Freedom | |  | | | | | | | |
| Other features | |  | | | | | | | |
| * 1. **Previous qualification**   To be completed for devices already holding a valid EASA or Member State qualification certification. | Certificate FSTD ID # | |  | | | | | | | |
| Issued by | |  | | | | | | | |
| Qualification level and Primary Reference Document | |  | | | | | | | |
| Date of last Evaluation  (dd/mm/yy) | |  | | | | | | | |
| FSTD under extended evaluation period programme | |  | | | | | | | |
| * 1. **Nature of FSTD**   Modification to be completed only in the case of changes to the qualified FSTD. |  | | | | | | | | | |
| * 1. **Level of qualification** | Aeroplane | | | | | Rotorcraft | | | | |
| BITD |  | | | |
| FNPT | I | | | | FNPT | | | I | |
| II | | | | II | |
|  | | | | III | |
| + MCC | | | | + MCC | |
| FTD | I | | | | FTD | | | I | |
| II | | | | II | |
|  | | | | III | |
| FFS | A | | | | FFS | | | A | |
| B | | | | B | |
| C | | | | C | |
| D | | | | D | |

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| 4.9 **Contact Person for evaluation purposes**  (if different from 1.1.4) | Title | Mr. / Ms. | | |
| Name |  | | |
| First Name |  | | |
| Job Title |  | | |
| Phone |  | | |
| E-mail |  | | |
| 1. **Proposed dates** | | | | |
| * 1. **Requested evaluation start date** | |  | | |
| * 1. **Evaluation already envisaged with an**   **NAA or Qualified Entity** | | No | | |
| Yes | Entity: |  |
| * 1. **Qualification Test Guide (QTG)**   **Submission date** (if applicable) | |  | | |
| * 1. **Intended Ready For Training (RFT) date**   (if applicable) | |  | | |
| 1. **Additional** (Additional features, capabilities or special equipment not covered in section 4, or Any other information considered to be relevant to be able to complete the request activity.) | | | | |
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| 1. **Applicant’s declaration and acceptance of the General Conditions**   I declare that I have the legal capacity to submit this application to the Civil Aviation Authority of Thailand and that all information provided in this application form is correct and complete. | | |
|  |  |  |
| **Date / Place** | **Name** | **Signature** |
| **This Application should be sent by hand, or regular mail to:**  **THE CIVIL AVIATION AUTHORITY OF THAILAND (CAAT)**  333/105 Moo.4 Lak Si Plaza (IT Square) Tower 2, Chaeng Watthana Rd., Lak Si, Bangkok,  Thailand 10210  Website: [www.caat.or.th](http://www.caat.or.th) , Tel: +662 568 8842 | | |