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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 modification3.2.2 Change of qualification level3.2.3 FSTD relocation3.2.4 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 |

|  |  |  |
| --- | --- | --- |
| 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 10210Website: [www.caat.or.th](http://www.caat.or.th) , Tel: +662 568 8842 |