

1. Applicant		
1.1 Applicant Data		
1.1.1 Applicant Name (registered company name)		
1.1.2 Company Number		
1.1.3 Address (registered business address)	Street/Nr	
	Post code	
	City	
	Country	
1.1.4 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	

1.3.3 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		
1.3.4 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		
2. Management Structure			
Post / Position	Full / Part Time	Name	
Accountable Manager			
SMS / Quality Manager			

3. 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				
4. FSTD Details					
4.1 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				
4.2 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)				
4.3 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			
4.4 Visual system (if applicable)	Collimated system		Yes	No	
	Field of view				
	Display Manufacturer				
	Technology				
	Image generator (IG) manufacturer				

APPLICATION FOR QUALIFICATION CERTIFICATION OR RECURRENT EVALUATION OF A
FLIGHT SIMULATION TRAINING DEVICE (FSTD)

	IG Model			
4.5 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			
4.6 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			
4.7 Nature of FSTD Modification to be completed only <u>in the case of</u> changes to the qualified FSTD.				
4.8 Level of qualification	Aeroplane		Rotorcraft	
	BITD			
	FNPT	I	FNPT	I
		II		II
		+ 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		
5. Proposed dates			
5.1 Requested evaluation start date			
5.2 Evaluation already envisaged with an NAA or Qualified Entity	No		
	Yes	Entity:	
5.3 Qualification Test Guide (QTG) Submission date (if applicable)			
5.4 Intended Ready For Training (RFT) date (if applicable)			
6. 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.)			

7. 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 , Tel: +662 568 8842