

**Application for Recognition of FSTD Qualification Certificates Issued by Foreign CAA**

<b>1 Your Reference</b>		Please provide a brief and unique identifier that we will use to refer to your application	
<b>2 Applicant Address and Contact Data</b>			
<b>2.1 Applicant Data</b>			
<b>2.1.1 Name and Address</b> (registered (business) name and address/legal seat of the company)	Company Registration Number		
	(Company) Name		
	Number/ Street		
	Post Code		
	City		
	Country		
<b>2.1.2 Accountable Manager</b> (responsible for ensuring to the CAAT safety and terms of payment are honoured)	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms	
	Name		
	Phone / Email		
<b>2.2 PPOB (Principal place of Business) / Device Location</b> (may be left blank, if same as 2.1 Applicant Data)			
<b>2.2.1 PPOB Address</b>	(Company) Name		
	Number / Street		
	Post Code		
	City		
	Country		
<b>2.2.2 Device Location Address</b>	(Company) Name	Same as in section 2.1.1	
	Number / Street		
	Post Code		
	City		
	Country		
<b>2.3 Billing Data</b> (may be left blank, if same as 2.1 Applicant Data)			
<b>2.3.1 Billing Address</b> (CAAT Fees and Charges Invoices will state the address entered here.)	(Company) Name	Same as in section 2.1.1	
	Number / Street		
	Post Code		
	City		
	Country		
<b>2.3.2 Contact Person</b> (The electronic invoice(s) will be issued to the email address indicated here.)	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms	
	Name		
	First name		
	Job title		
	Phone / Email		

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<b>3 FSTD Details</b>		
<b>3.1 Type of simulated aircraft</b> (If the device can simulate more than one aircraft type or variant, please submit a separate application for each of them.)	Model (Type of aircraft and variant)	
	Number of equipment fit configuration	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more
	List equipment fit configuration	
	Number of engine fit configuration	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more
	List of engine fit configuration	
	Activity combined with an OEB/OSD activity	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.2 Class of aeroplane / type of helicopter</b> (for replicating devices, i.e. FNPT)  (If the device simulates more than one please submit a separate application for each of them.)	Model (class of replicated aeroplane or type of helicopter)	<input type="checkbox"/> Single engine piston or equivalent <input type="checkbox"/> Multi engine piston or equivalent <input type="checkbox"/> Single / multi engine turboprop or turbofan or equivalent <input type="checkbox"/> Other: _____

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<b>3.3 Level of qualification</b> (Please refer to the Completion Instruction section at the end of the form to ensure the right information is provided.)	<input type="checkbox"/> <b>Aeroplane / CS-FSTD(A)</b> <input type="checkbox"/> <b>Helicopter / CS-FSTD(H)</b>				
	<input type="checkbox"/> <b>Other PRD (please specify):</b> <i>Only in case of initial issuance of certificate based on other CAAT certificate.</i>				
	<b>BITD</b>	<input type="checkbox"/>			
	<b>FNPT</b>	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> +MCC
	<b>FTD</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<b>FFS</b>	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	
<b>3.4 Device information</b>	Device manufacturer				
	Platform serial number				
	Number of FSTD hosted by the platform				
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more				
	Date of entry into service (mm/yyyy)				
	The FSTD is already holding Others qualification certificate <input type="checkbox"/> No <input type="checkbox"/> Yes FSTD ID: _____				
<b>3.5 Visual system</b> (If applicable)	FSTD compliance to TCAR PEL Part ORA verified by CAAT		Date:		
	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
	<input type="checkbox"/> No				
	Collimated system		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Field of view		<i>Horizontal x Vertical in degrees</i>		
	Display manufacturer				
Technology		<i>(CRT, LCoS, DLP, LCoS-Laser, DLP-LED, etc.)</i>			
Image generator (IG) manufacturer					
IG Model					
<b>3.6 Motion system</b> (If applicable. 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		<i>e.g. hydraulic, electric, etc.</i>		
	Other features		<i>e.g. motion seats, vibration platform, etc.</i>		

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**4 Dates (dd/mm/yyyy)**

**5.1 Requested device evaluation start date**

**5.2 Qualification Test Guide (QTG) submission date to CAAT**

**5.3 Intended Ready For Training (RFT) date**

**5 Documents and manuals to be submitted with application (as applicable)**

- Company Registration Document
- Simulator Ownership Documentation
- Evidence of Appointment of the Accountable Manager
- FSTD Installation Location Layout
- FSTD Qualification Certificate issued by the baseline CAA
- Statement of Commitment from the Accountable Manager to apply for recognition  
*[Refer to Section 8 of this application form]*
- List of FSTD Qualification and Maintenance Personnel, if applicable
- Master Qualification Test Guide (MQTG), if applicable
- Qualification Test Guide (QTG), if applicable
- User Guide Manual, if applicable
- Other documents required by CAAT, as applicable

**6 Additional comments**

(Additional features, capabilities or special equipment not covered in section 3, or any other information considered to be relevant to be able to complete the requested activity.)

**7 Applicant's declaration and acceptance of the General Conditions and Terms of Payment**

I declare that I have the legal capacity to submit this application to CAAT and that all information provided in this application form is correct and complete.

I have understood that I am submitting an application for which fees or charges will be levied by CAAT in accordance with CAAT Regulation on the fees and charges.

I acknowledge that I have read and understood the CAAT Regulation on the fees and charges.

I declare that I am aware that fees or charges, as well as all relevant travel costs must be paid whether or not the application is successful and that they might not be refundable.

I declare that I am aware of the consequences of non-payment.

Date	Name	Signature of the Accountable Manager

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**8 Accountable Manager commitment for the recognition of a foreign FSTD qualification certificate.**

**1. Commitment to comply with Thai Regulations:**

I, [Accountable Manager's Full Name], as Accountable Manager of [Organization Name], hereby ensure to the Civil Aviation Authority of Thailand (CAAT) that our organization is fully committed to comply with applicable Thai regulations, including but not limited to those specified in TCAR PEL Part ORA and to any amendment. We understand that compliance with Thai regulations is a condition to maintain the validity of our FSTD qualification certificate(s) issued by CAAT.

**2. Reporting on surveillance conducted by the baseline CAA:**

We understand that a qualification certificate issued by the CAAT by recognition of a certificate issued by our baseline CAA only remains valid if the qualification certificate issued by our baseline CAA remains valid.

Our organization will promptly share with the CAAT, any surveillance report issued by our baseline CAA and in particular any instance of non-compliance identified by our baseline CAA for any of the FSTDs that are recognized by the CAAT. We understand that timely reporting of any non-compliance is critical for maintaining the safety and integrity of our operations and is a requirement to maintain the validity of the CAAT certificate.

**3. Cooperation with CAAT for surveillance:**

We fully understand that CAAT is entitled to conduct audits at any time to ensure continued compliance with Thai regulations. We are committed to cooperating with any audit that may be required by the CAAT and to granting access to our facilities and FSTDs to any auditor mandated by the CAAT. We understand that failure to cooperate with these audits or any delays in providing requested information will be considered as a non-compliance that may compromise the validity of the certificate issued by the CAAT.

**4. Changes to the FSTDs and organization:**

Any change to Qualification Specifications attached to the qualification certificates issued by baseline CAA for FSTD accepted by the CAAT will be reported to the CAAT. This will allow the CAAT to amend the qualification specifications attached to the qualification certificate issued by the CAAT.

We commit to informing you of any change of accountable manager. In such case, this information will be provided together with the commitment signed by the new accountable manager.

To conclude, we acknowledge and accept that CAAT has the authority to limit, suspend or revoke our certificate(s) if we fail to meet our obligations and commitments.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Name of Accountable Manager: \_\_\_\_\_

On behalf of: [Organization Name]

**Important Note:** CAAT cannot accept applications without signature. Please make sure that you sign the application.

This Application should be sent by e-mail to: [pel\\_to@caat.or.th](mailto:pel_to@caat.or.th)

## Application for Recognition of FSTD Qualification Certificates Issued by Foreign CAA

### Completion Instructions - Application for Recognition of FSTD Qualification Certificates Issued by Foreign CAA.

This Application Completion Instruction Sheet will provide you with any additional instructions and requirements necessary to complete the Application for Activities related to Flight Simulation Training Devices. It is strongly recommended to use the English language in completing the form. Please complete the form in a **clearly legible** way.

# - Field Name	Completion Instructions
<b>1 Your Reference</b>	Please provide a <b>unique</b> internal reference to this application. This reference will be used as an identifier of your application in all communication, e.g. invoice/s, acceptance letter, by CAAT.
<b>2.1.1 Name and Address</b>	<b>Account Number:</b> If known, please enter your CAAT Account Number. This number can be found on any acceptance letter received for previous applications.  Please enter the full <b>name of the company</b> as it appears on the Business Registration or similar legal document stating name and seat of the company. If applicable also enter the Trade Name, Doing-business-as and the Company registration number. Please enter the address of the registered office as it appears on the Business Registration or similar legal document. First time applicants need to submit a copy of the company's <b>Business Registration</b> or similar legal document stating name and seat of the company together with the application. If applicable, an additional translation of this document (done by an authorised translator, signed and stamped) should be submitted.
<b>2.1.2 Accountable Manager</b>	The name and contact details of the Accountable Manager, responsible for ensuring the CAAT terms of payment as honoured. ORA.GEN.210(a).
<b>2.2.1 PPoB Address</b>	Please specify the Company name and address where the principle financial function and operation control of the activities referred to TCAR PEL Part FCL.
<b>2.2.2 Device Location Address</b>	Please specify the Company name and address where the devices is located. This will be the address displayed on the qualification certificate with the name of the company (see 2.1.1) included on top as the FSTD operator and holder of the wualification certificate.
<b>2.3.1 Billing Address</b>	The (company) name and address specified in this section will be printed on the invoice/s CAAT will issue. A (company) name deviating from the one entered in section 2.1.1 is not acceptable by CAAT. The Legal entity mentioned in section 2.1.1 must always be the same as the billing address.
<b>2.3.2 Contact Person</b>	The name and contact details specified in this section are those of the person who will be contacted for all issues related to the CAAT invoice/s. (e.g. accounts payable clerk). An electronic invoice will be issued to the email address indicated here.
<b>3.2 FSTD Qualification</b>	Evaluation for the qualification of a new Flight Simulation Training Device, or an FSTD not holding a valid CAAT qualification certificate.  The application can be used also for the issuance of an CAAT qualification certificate based on a CAAT qualification certificate.
<b>4.1 Type of simulated aircraft</b>	This section applies to type specific devices. Please indicate the applicable simulated aircraft type and variant to be evaluated. If the device can simulate more than one aircraft type or variant, please submit one application for each simulated aircraft type or variant.  If the requested activity is performed in conjunction with an Operation Suitability Data (OSD) for the entry into service of a new aircraft type, please check the "Yes" option.
	If several engine fits or configurations are simulated and available for training, please indicate all the applicable ones in the same form. They will be all evaluated and listed under a single qualification certificate.  If several equipment fits (such as different Flight Management System, or possible avionic suites), are simulated and available for training, please indicate all the applicable ones in the same form. They will be all evaluated and listed under a single qualification certificate.
<b>4.2 Class of aeroplane or type of helicopter</b>	This section applies to devices replicating a class of airplane or type of helicopter (i.e. FNPTs). If the device can simulate more than one, please submit one application for each of them.
<b>4.3 Level of qualification</b>	Tick the box corresponding to the <b>requested</b> level of qualification.  If the FSTD already hold other CAAT qualification certificate, select OTHER PRD and insert the primary reference document in clear.

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<p><b>4.4 Device information</b></p>	<p>The FSTD serial number is the identification number or reference assigned by the device manufacturer when the device is built, it should not change as a result of subsequent device modifications.</p> <p>Devices capable of simulating more than one aircraft type/variant or class shall have the multi type “Yes” checkbox ticked and one application should be filed for each of the type/variant or class.</p> <p>The entry into service should indicate the month and year when the device was first qualified after been built (no matter the authority or standard).</p> <p>Please provide the date of the last Compliance Monitoring System audit performed on-site by CAAT.</p>
<p><b>4.5 Visual system</b></p>	<p>The field of view information should also be provided for non-collimated systems. In case of visual systems without a continuous field of view, please provide the field of view per pilot and include the words “per pilot”.</p>
<p><b>4.6 Motion system</b></p>	<p>To be completed only in the case of devices fitted with a motion system, motion seats, vibration platform, etc.</p>
<p><b>5.1 Device evaluation start date</b></p>	<p>Please indicate the dates you are requesting. All efforts will be made to try to accommodate these dates. Different circumstances may prevent CAAT from actually fulfil this request.</p> <p>Alternative date maybe proposed to reduce costs or improve logistics and efficiency.</p>
<p><b>5.2 Qualification Test Guide (QTG) submission date</b></p>	<p>The Qualification Test Guide should be submitted to the evaluation team performing the task at least one month prior the on-site evaluation of the device, or as agreed.</p> <p>A point of contact for the evaluation team will be notified to the applicant.</p>
<p><b>6. Documents and manuals to be submitted with application</b></p>	<p>Tick each relevant box to indicate which document is joined to the application form. Missing or incorrect documentation may lead to delays in the application process and/or start of the project.</p> <p>Please ensure the Certificate of Incorporation is included if this is your first application with CAAT.</p>
<p><b>7. Additional comments</b></p>	<p>Please indicate additional features, capabilities or special equipment not covered in section 4. Any other information considered to be relevant to be able to complete the requested activity.</p>
<p><b>8. Declaration and acceptance of General Conditions and Terms of Payment</b></p>	<p>Please read this part carefully.</p> <p><u>Please sign and date the application</u>, as we will not be able to process it otherwise.</p> <p>You may request an estimate for a task that is calculated on an hourly basis. This estimate will be amended if it appears that the task is simpler or can be carried out faster than initially foreseen or, on the contrary, if it is more complex and takes longer to carry out than the CAAT could reasonably have foreseen.</p> <p>Please be aware that CAAT is to continue the processing of the application only after the estimation has been accepted and, consequently, the provision of an estimation will lead to a delayed project start.</p> <p>The estimation is for information purposes and has no binding effect on the CAAT or applicant.</p>