Application for INITIAL Activities related to FSTDO (FSTD Organisation) and FSTD

1 Your Reference	**Please provide a brief and unique identifier that we will use to refer to your application**	
2 Applicant Address and Contact Data		
2.1 Applicant Data		
2.1.1 Name and Address (registered (business) name and address/legal seat of the company)	Account Number	
	(Company) Name	
	Street	
	Post Code	
	City	
	Country	
2.1.2 Accountable Manager (responsible for ensuring the CAAT terms of payment are honoured)	Title	☐ Mr ☐ Ms
	Name	
	Phone / Email	
2.1.3 Compliance Manager (responsible for FSTD operation)	Title	☐ Mr ☐ Ms
	Name	
	Phone / Email	
2.1.4 Compliance Monitoring Manager	Title	☐ Mr ☐ Ms
	Name	
	Phone / Email	
2.1.5 Safety Manager	Title	☐ Mr ☐ Ms
	Name	
	Phone / Email	

Important Note: First time applicants need to submit a copy of the **Company's Registration** and **Business Plan** of the company together with the application.

Application for INITIAL Activities related to FSTDO (FSTD Organisation) and FSTD

2.2 PPoB (Principal place of Business) / Device Location (may be left blank, if same as 2.1 Applicant Data)		
2.2.1 PPoB Address	(Company) Name	
	Street	
	Post Code	
	City	
	Country	
2.2.2 Device Location Address	(Company) Name	
	Street	
	Post Code	
	City	
	Country	
2.3 Billing Data (may be left blank, if same as 2.1 Applicant Data)		
2.3.1 Billing Address (CAAT Fees and Charges Invoices will state the address entered here.)	(Company) Name	Same as in section 2.1.1
	Street	
	Post Code	
	City	
	Country	
2.3.2 Contact Person (The electronic invoice(s) will be issued to the email address indicated here.)	Title	☐ Mr ☐ Ms
	Name	
	First name	
	Job title	
	Phone / Email	

Application for INITIAL Activities related to FSTDO (FSTD Organisation) and FSTD

3 Identification of activity		
3.1 FSTDO	☐ Initial Verification of the management system / new location – Proceed to 5	Application forms for 3.1 and 3.2 **cannot be combined**. Please submit two separate applications.
3.2 FSTD	☐ Initial qualification / initial issuance of certificate based on other CAAT certificate.	

a) A minimum of three (3) months' notice is required before any evaluation or audit may be conducted. The on-site activities are dependent on the availability of CAAT teams, the compliance demonstration of the FSTDO / FSTD has to be discussed with the operator during the kick off meeting.
b) In case of an initial verification of the Management System compliance of the organisation:
   - The documentation has to be sent to CAAT to start the project, please refer to section 6;
   - The onsite activities will take only when:
     - The organisation has demonstrated having sufficient qualified personnel;
     - The demonstration of compliance has been proven by the application through their documentation.
c) Prior to the onsite evaluation, the FSTDO and the device shall be in compliance with all applicable requirements.
d) The device to be qualified must be available to the evaluation team on the agreed date, and for the necessary timeframe.
e) This application has a validity of 12 months from the date it is received by CAAT.

4 FSTD Details		
4.1 Type of simulated aircraft (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	☐ 1 ☐ 2 ☐ 3 or more
	List equipment fit configuration	
	Number of engine fit configuration	☐ 1 ☐ 2 ☐ 3 or more
	List of engine fit configuration	
	Activity combined with an OEB/OSD activity	☐ No ☐ Yes
4.2 Class of aeroplane / type of helicopter (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)	☐ Single engine piston or equivalent ☐ Multi engine piston or equivalent ☐ Single / multi engine turboprop or turbofan or equivalent ☐ Other: _____

Application for INITIAL Activities related to FSTDO (FSTD Organisation) and FSTD

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

Application for INITIAL Activities related to FSTDO (FSTD Organisation) and FSTD

5 Dates (dd/mm/yyyy)	
5.1 Requested Management System audit dates OR device evaluation start date	
5.2 Qualification Test Guide (QTG) submission date to CAAT	
5.3 Intended Ready For Training (RFT) date	

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

For initial verification of Management System or new device location:

☐ Management System documentation

☐ Certificate of Incorporation

For initial issuance of certificate other than CAAT:

☐ Initial documentation according to ORA.FSTD.240

☐ The last 2 years evaluation reports

7 Additional comments

(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 requested activity.)

8 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

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	

Application for INITIAL Activities related to FSTDO (FSTD Organisation) and FSTD

Completion Instructions - Application for INITIAL Activities related to Flight Simulation Training Devices.

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
1 Your Reference	Please provide a **unique** 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.
2.1.1 Name and Address	**Account Number:** 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 **name of the company** 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 **Business Registration** 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.
2.1.2 Accountable Manager	The name and contact details of the Accountable Manager, responsible for ensuring the CAAT terms of payment as honoured. ORA.GEN.210(a).
2.1.3 Compliance Manager	The name and contact details of the Compliance Manager. ORA.GEN. 210(b).
2.1.4 Compliance Monitoring Manager	The name and contact details of the Compliance Monitoring Manager. ORA.GEN. 200(a)(2).
2.1.5 Safety Manager	The name and contact details of the Safety Manager. ORA.GEN. 200(a)(1)(i).
2.2.1 PPoB Address	Please specify the Company name and address where the principle financial function and operation control of the activities referred to TCAR PEL Part FCL.
2.2.2 Device Location Address	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.
2.3.1 Billing Address	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.
2.3.2 Contact Person	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.
3.1 FSTDO	To verify if the new FSTD organisation (FSTDO) or the new site operating the FSTD is in compliance with the applicable requirements. If this activity is requested section 4 is not applicable.
3.2 FSTD Qualification	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.
4.1 Type of simulated aircraft	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.
4.2 Class of aeroplane or type of helicopter	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.
4.3 Level of qualification	Tick the box corresponding to the **requested** level of qualification. If the FSTD already hold other CAAT qualification certificate, select OTHER PRD and insert the primary reference document in clear.
4.4 Device information	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. 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. 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). Please provide the date of the last Compliance Monitoring System audit performed on-site by CAAT.
4.5 Visual system	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".
4.6 Motion system	To be completed only in the case of devices fitted with a motion system, motion seats, vibration platform, etc.
5.1 Requested Management System audit dates OR device evaluation start date	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. Alternative date maybe proposed to reduce costs or improve logistics and efficiency.
5.2 Qualification Test Guide (QTG) submission date	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. A point of contact for the evaluation team will be notified to the applicant.
6. Documents and manuals to be submitted with application	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. Please ensure the Certificate of Incorporation is included if this is your first application with CAAT.
7. Additional comments	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.
8. Declaration and acceptance of General Conditions and Terms of Payment	Please read this part carefully. Please sign and date the application, as we will not be able to process it otherwise. 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. 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. The estimation is for information purposes and has no binding effect on the CAAT or applicant.