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

1 Your Reference	Please provide a brief, 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 Contact Person (In charge for this application)	Title	☐ Mr ☐ Ms
	Name	
	First name	
	Job title	
	Phone / email	
2.1.3 FSTD Certificate ID #		

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3 Changes (Only complete the parts affected by the change)

3.1 Changes to Billing Data

☐ **No** (Proceed to 3.2) ☐ **Yes** (Please specify changes below)

3.1.1 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	
3.1.2 Contact Person (Responsible for ensuring the CAAT terms of payment are honoured. The electronic invoices will be issued to the email address indicated here.)	Title	☐ Mr ☐ Ms
	Name	
	First name	
	Job title	
	Phone / email	

3.2 Change of PPoB (Principal Place of Business) or FSTD Location

☐ **No** (Proceed to 3.3) ☐ **Yes** (Please specify changes below)

3.2.1 New PPoB Address	(Company) Name	
	Street	
	Post Code	
	City	
	Country	
3.2.2 New FSTD Location Address	(Company) Name	
	Street	
	Post Code	
	City	
	Country	

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3.3 Changes to FSTD	☐ **No** (Proceed to 3.4) ☐ **Yes** (Please specify changes below)
3.3.1 Modification	☐ Modification This application has to be sent only if a special evaluation on-site is requested by CAAT after the review of the FSTD Modification Information Sheet. The CAAT response sheet requesting a special evaluation must be submitted with this application..
3.3.2 EEP (See paragraph 5)	☐ FSTD to be considered for Extended Evaluation Programme (EEP) Proposed starting date (dd/mm/yyyy): …… Proposed period: ☐ 2 years ☐ 3 years
3.3.3 Certificate (See paragraph 5)	☐ Administrative re-issuance of an FSTD qualification certificate Reason for re-issuance
3.3.4 Deactivation (See paragraph 5)	☐ FSTD de-activation (This should be sent to CAAT **at least FIVE months** prior to the FSTD due date for recurrent evaluation) Date of De-activation (dd/mm/yyyy): ……
3.3.5 Reactivation	☐ FSTD re-activation Date of Re-activation (dd/mm/yyyy): ……
3.3.6 Surrender (See paragraph 5)	☐ FSTD qualification certificate surrender (This should be sent to CAAT **at least FIVE months** prior to the FSTD due date for recurrent evaluation) Date of surrender (dd/mm/yyyy): …… Please return ALL certificate revisions (current and previous) to CAAT

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3.4 Changes to the FSTDO		☐ **No** (Proceed to 4) ☐ **Yes** (Please specify changes below)
3.4.1 Post holder Nominee - Accountable Manager - Compliance Manager - Safety Manager - Compliance Monitoring Manager	Title	☐ Mr ☐ Ms
	Name	
	First name	
	Nominated for the post (see completion instructions)	
	Phone / email	
	Qualification relevant to the post	
	Experience relevant to the post	
3.4.2 Documentation (Management System Manuals, Procedures) (See paragraph 5)	☐ Major changes to the organisation documentation	

4 Dates	
4.1 Requested FSTD evaluation start date	(dd/mm/yyyy)
4.2 Intended Ready For Training (RFT) date	(dd/mm/yyyy)
Important Note: A minimum of three (3) months' notice is required before any evaluation or audit may be conducted.	

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

☐ FSTD modification CAAT response sheet ☐ Amendment to the Management System documentation describing the EEP process ☐ Amended Management System manual, procedures	☐ Surrendered certificate documentation (all previously issued revisions of the qualification certificate) ☐ FSTD De-activation supporting plan, documentation

6 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.)

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 on the fees and Charges.

I acknowledge that I have read and understood the CAAT's Terms of and agree to abide by them.

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 of the Accountable Manager	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	

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Completion Instructions for the Application for Activities related to CHANGES to Flight Simulation Training Devices / Organisation operating 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 Changes to Flight Simulation Training Devices / Organisation operating FSTD. 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 application 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 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. The business plan.
2.1.2 Contact Person	The name and contact details specified in this section are those of the person responsible for the application.
2.1.3 FSTD Certificate ID #	Please indicate the CAAT ID. Please indicate the initial CAAT project nr (initial evaluation). If a device is already included in an extended evaluation period programme, please provide the date of the last self-evaluation together with the date of the last on-site evaluation.
3 Changes	Only complete the parts affected by the change. Aspects not affected by the change(s) will use the information received in the previous application(s)
3.1.1 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.
3.1.2 Contact Person	The name and contact details specified in this section are those of the person that will be contacted for all issue related to the CAAT invoice/s. (e.g. accounts payable clerk). An electronic invoice will be issued to the email address indicated here.
3.2.1 New PPoB Address	Please indicate the NEW PPoB address.
3.2.2 New Device Location Address	Please indicate the NEW location of the device. **Note:** For transferability of FSTD qualification certificate, the FSTD operator should directly notify the Agency in order to agree on the applicable procedure before submitting an application.
3.2.3 Contact Person	Person to contact regarding this re-location PPoB or FSTD
3.3.1 Modification	Evaluation of an already CAAT qualified Flight Simulation Training Device following a modification. In case of a device modification, the FSTD Modification Information Sheet must be completed and submitted PRIOR to this form. The CAAT FSTD team will confirm if an application is required. This Form must be submitted ONLY together with the CAAT response sheet requesting a special evaluation.
3.3.2 EEP - FSTD to be considered for Extended Evaluation Programme	If you wish to propose this device for the extended evaluation programme. In this case this box should be ticked. Please indicate the proposed starting date. Also complete section 5.
3.3.3 Certificate	Indicate the reason for requesting an administrative re-issuance of the certificate.

3.3.4 Deactivation	When organisation plans to remove an FSTD from active status for prolonged periods. The organisation shall agree with CAAT a plan for the de-activation, any storage and re-activation to ensure that the FSTD can be restored to active status at its original qualification level. Please indicate the date of de-activation. Also complete section 5. Applications for Deactivation and Surrender should be received AT LEAST FIVE MONTHS prior to the FSTD due date for recurrent evaluation. Failure to do so may result in invoicing of the already booked travel expenses for the recurrent evaluation.
3.3.5 Reactivation	When an FSTD is restored to active status after having been deactivated. Please indicate the date of reactivation.
3.3.6 Surrender	Upon surrender, all FSTD qualification certificate shall be returned to CAAT together with a completed application. Also complete section 5. Applications for Deactivation and Surrender should be received AT LEAST FIVE MONTHS prior to the FSTD due date for recurrent evaluation. Failure to do so may result in invoicing of the already booked travel expenses for the recurrent evaluation.
3.4.1 Post holder Nominee	Post holder nominees and associated requirements in the regulations: - TCAT PEL Part ORA: ▪ Accountable Manager according to ORA.GEN.210(a); ▪ Compliance Monitoring Manager according to ORA.GEN.200(a)(2); ▪ Safety Manager according to ORA.GEN.200(a)(1)(i); -
3.4.2 Documentation	Tick the box, if documentation is joined with the application form. Please also tick the correct boxes in section 5.
4.1 Requested on site audit or FSTD evaluation start date	Please indicate the evaluation starting date you are requesting. All efforts will be made to try to accommodate this date. However, different circumstances may prevent CAAT from actually fulfil this request. An alternative date may be proposed to reduce costs or improve logistics and efficiency.
4.2 Intended Ready For Training (RFT) date	Intended Ready For Training (RFT) date after a relocation or re-activation.
5. 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.
6. Additional comments	Please indicate relevant, additional features, capabilities or special equipment not covered in the previous sections.
7. 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 estimation 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 Agency 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 Agency or applicant.