**LETTER OF APPLICATION FOR INITIAL QUALIFICATION OF AN FSTD; EXCEPT BASIC INSTRUMENT TRAINING DEVICE (BITD)**

**Part A**

**To be submitted not less than 3 months prior to requested qualification date**

(Date)

V/A Civilās aviācijas aģentūra

Lidosta "Rīga" 10/1, Mārupes novads, LV-1053

Rīga

Latvija

|  |  |  |
| --- | --- | --- |
| Type of FSTD | AircraftType/class | Qual ification Level Sought |
| Full Flight Simulator (FFS) |   | [ ]  A | [ ]  B | [ ]  C | [ ]  D | Sp./Cat |
| Flight TrainingDevice (FTD) |   | [ ]  1 | [ ]  2 | [ ]  3 |  |  |
| Flight and Navigation Procedures Trainer (FNPT) |   | [ ]  I | [ ]  II | [ ]  III | [ ]  II MCC | [ ]  III MCC |

Interim Qualification Level requested: Choose an item.

Dear,

Name of Applicant requests the evaluation of its flight simulation training device operator’s identification of the FSTD for qualification. The FSTD manufacturer’s name FSTD with its visual system and manufacturer’s name, if applicable visual system.

Evaluation is requested for the following configurations and engine fits as applicable:

1configurations and engine fits

2configurations and engine fits

3configurations and engine fits

Dates requested are: date(s) and the FSTD will be located at place.

**The objective tests of the QTG will be submitted by date and in any event not less than 30 days before the requested evaluation date unless otherwise agreed with the competent authority.**

Comments:

Comments text

|  |  |
| --- | --- |
| Signed |  |
|  |  |
| Print name: | Click here to enter text. |
| Position/appointment held: | Click here to enter text. |
| Email address: | Click here to enter text. |
| Telephone number: | Click here to enter text. |

**Part B**

**To be completed with attached QTG results**

(Date) date

We have completed tests of the FSTD and declare that it meets all applicable requirements except as noted below.

The following QTG tests still have to be provided:

|  |  |
| --- | --- |
| Tests | Comments |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

(Add boxes as required)

It is expected that they will be completed and submitted 3 weeks prior to the evaluation date.

|  |  |
| --- | --- |
| Signed |  |
|  |  |
| Print name: | Click here to enter text. |
| Position/appointment held: | Click here to enter text. |
| Email address: | Click here to enter text. |
| Telephone number: | Click here to enter text. |

**Part C**

**To be completed not less than 7 days prior to initial evaluation**

(Date) date

The FSTD has been assessed by the following evaluation team:

|  |  |  |  |
| --- | --- | --- | --- |
| (Name) | Click here to enter text. | Qualification | Click here to enter text. |
| (Name) | Click here to enter text. | Qualification | Click here to enter text. |
| (Name) | Click here to enter text. | Qualification | Click here to enter text. |
| (Name) | Click here to enter text. | Pilot’s Licence Nr | Click here to enter text. |
| (Name) | Click here to enter text. | Flight Engineer’s Licence Nr (if applicable) | Click here to enter text. |

|  |  |
| --- | --- |
| [ ]  | FFS/FTD: This team attests that the <type of FSTD> conforms to the Choose an item. configuration of <name of aircraft operator (if applicable), type of aeroplane/helicopter> Choose an item. within the requirements for <type of FSTD and level> and that the simulated systems and subsystems function equivalently to those in that Choose an item.. The pilot of this evaluation team has also assessed the performance and the flying qualities of the FSTD and finds that it represents the designated Choose an item.. |
|  |  |
| [ ]  | FNPT: This team attest(s) that the <type of FSTD> represents the flight deck or cockpit environment of a <aeroplane/helicopter or class of aeroplane/type of helicopter> within the requirements for <type of FSTD and level> and that the simulated systems appear to function as in the class of aeroplane/type of helicopter. The pilot of this evaluation team has also assessed the performance and the flying qualities of the FSTD and finds that it represents the designated class of aeroplane/type of helicopter. |

Comments:

Comments text

|  |  |
| --- | --- |
| Signed |  |
|  |  |
| Print name: | Click here to enter text. |
| Position/appointment held: | Click here to enter text. |
| Email address: | Click here to enter text. |
| Telephone number: | Click here to enter text. |