

Send to:

postmottak@caa.no

or

Luftfartstilsynet
Postboks 243
8001 Bodø
NORWAY

Application for activities related to Flight Simulation Training Device (FSTD) and FSTD Organisation (FSTDO)

1	Applicant information		
(Company) name:			
Customer- or organisation national number:		Applicant organisation name (if applicable):	
Address:		Postal code:	City: Country:
Phone number:		Organisation e-mail address:	
Application for:			
<input type="checkbox"/> Initial <input type="checkbox"/> Change <input type="checkbox"/> Other (specify):			
Contact person information (responsible for this application)			
First name(s):		Last name:	
Job title:		Phone number:	E-mail address:
Device location address			
Same as applicant information in sections 1 and 1.1			
Other (please specify below)			
Device location address:		Postal code:	City: Country:
Same contact person as in section 1.1		Contact person:	
Other (please specify)			
Job title:		Phone number:	E-mail address:
Billing data			
Same as applicant information in sections 1 and 1.1			
Other (please specify below)			
Address:		P.O. box:	Postal code:
City:		Country:	

Financial contact person	
Same as applicant information in sections 1 and 1.1 Other (please specify below)	
First name(s):	Last name:
Job title:	Phone number:
Financial contact e-mail (invoice PDF copy will be issued to this address):	Applicant's reference (provide an individual reference to this application):

2	Identification of activity
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Application for FSTDO and FSTD **cannot be combined**. Use two separate applications.

	FSTDO	Initial verification of the management system / new location → Proceed to section 4 “Proposed dates” .
	FSTD	Initial qualification / initial issuance of Qualification Certificate (QC) based on EASA or member state certificates.

- 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 CAA Norway teams and the compliance demonstration of the FSTDO/FSTD and are discussed with the operator during an initial meeting.
- b) In case of an initial verification of the management system compliance of an organisation:
 - The documentation must be sent to CAA Norway to start the project. Please refer to **section 5**.
 - The onsite activities will take place only when:
 - 1) The organisation has demonstrated having sufficient qualified personnel
 - 2) The applicant has demonstrated compliance through their documentation
- c) Prior to the on-site evaluation, the FSTDO and the device must comply 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 CAA Norway.

Application or changes to a qualified FSTD or FSTDO

Requested date:	Effective date:
<input type="checkbox"/> Modification (see section 5) <input type="checkbox"/> Change of qualification level <input type="checkbox"/> Relocation FSTD <input type="checkbox"/> De-activation FSTD (*) <input type="checkbox"/> Re-activation FSTD <input type="checkbox"/> Surrender of an FSTD Qualification Certificate (QC) (*) <input type="checkbox"/> Administrative re-issuance of an FSTD QC <input type="checkbox"/> Change of Principal Place of Business – FSTDO <input type="checkbox"/> Nominated and designed Post Holders (NP's) (see section 2)	Comments (further comments in section 6):

(*) For **deactivation and surrender**, the application should be received by CAA Norway **at least FIVE months** prior to the FSTD due date for recurrent evaluation.

A plan should be provided to process the application for the deactivation of an FSTD.

When a certificate is surrendered, ALL certificate revisions (current and previous) should be returned to CAA Norway.

Nominated and designated Post Holders (initial application or change of NP's)		
Accountable Manager (AM) (Responsible for ensuring the CAA Norway terms of payment are honoured)	First name(s):	<i>(As stated in a passport or driver's license)</i>
	Last name:	<i>(As stated in a passport or driver's license)</i>
	Job title:	
	Phone/e-mail:	
Compliance Manager (CM) (FSTD Manager or any other title chosen by the organisation in charge of the FSTD operation)	First name(s):	<i>(As stated in a passport or driver's license)</i>
	Last name:	<i>(As stated in a passport or driver's license)</i>
	Job title:	
	Phone/e-mail:	
Compliance Monitoring Manager (CMM)	First name(s):	<i>(As stated in a passport or driver's license)</i>
	Last name:	<i>(As stated in a passport or driver's license)</i>
	Job title:	
	Phone/e-mail:	
Safety Manager (SM)	First name(s):	<i>(As stated in a passport or driver's license)</i>
	Last name:	<i>(As stated in a passport or driver's license)</i>
	Job title:	
	Phone/e-mail:	

3	FSTD Details	
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(s):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more
	List of equipment fit configuration(s):	

	Number of engine fit configuration(s):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more			
	List of engine fit configuration(s) (type/models):				
	Activity combined with an OEB/OSD activity:	Yes	No		
Class of aeroplane / type of simulated helicopter (rotorcraft)					
Model (replicated class of 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: _____			
Level of qualification					
(Please refer to the completion instruction section at the beginning of the form to ensure the correct information is provided.)	<input type="checkbox"/> Aeroplane / CS-FSTD (A)		<input type="checkbox"/> Helicopter / CS-FSTD (H)		
	<input type="checkbox"/> Special condition(s) according to ORA.FSTD.210				
	<input type="checkbox"/> Other Primary Reference Document (PRD) <i>Only in case of initial issuance of certificate based on another EU certificate</i>		Please specify:		
	BITD	<input type="checkbox"/>			
	FNPT	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> + MCC
	FTD	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
FFS	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	
Visual system (if applicable)					
Collimated system: Yes No		Field of view (horizontal x vertical in degrees):	Visual display manufacturer:		
Projector technology (CRT, LCoS-Laser, DLP-LED, monitors, etc.):		Image generator (IG) model:			
		IG model:			
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:			

ACAS fit:			
Windshear:	Yes	No	
Additional capabilities:			
VDR reference or engineering report:			
Motion technology and Degrees of Freedom (DoF) (e.g. hydraulic, electric, etc.):	Other features (e.g. motion seats, vibration platform):		
Stroke length:			
Option:	Full/post stall:	Yes	No
Instrument fit:			
Guidance information for training, testing and checking considerations			Yes – n/a – yes (partially)
CAT I	RVR:	DH:	Yes n/a
CAT II	RVR:	DH:	Yes n/a
CAT III (lowest minimum)	RVR:	DH:	Yes n/a
LVTO	RVR:		Yes n/a
LVTO			Yes n/a
IFR-training			Yes n/a
IFR check			Yes n/a
Type rating			Yes n/a Yes (partially)
Proficiency checks			Yes n/a
Auto coupled approach			Yes n/a Yes (partially)
Autoland			Yes n/a Yes (partially)
Roll out guidance			Yes n/a Yes (partially)
ACAS I			Yes n/a Yes (partially)
ACAS II			Yes n/a Yes (partially)

Windshear warning system			Yes	n/a	Yes (partially)
Predictive windshear			Yes	n/a	Yes (partially)
WX-radar			Yes	n/a	Yes (partially)
HUD			Yes	n/a	Yes (partially)
HUGS			Yes	n/a	Yes (partially)
FANS			Yes	n/a	Yes (partially)
GPWS			Yes	n/a	Yes (partially)
EGPWS			Yes	n/a	Yes (partially)
ETOPS capability			Yes	n/a	
GPS			Yes	n/a	
RNP APCH LNAV			Yes	n/a	Yes (partially)
RNP APCH LNAV/VNAV			Yes	n/a	Yes (partially)
RNP APCH LPV			Yes	n/a	Yes (partially)
RNP AR APCH			Yes	n/a	Yes (partially)
OTHER (<i>specify</i>):					

4	Proposed dates	
Requested evaluation start date	Start date:	
Evaluation/management system audit already planned with CAA Norway or a qualified entity	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes Entity:	
Qualification Test Guide (QTG) submission with the Part B application letter date (if applicable)	Submission date:	
Intended Ready for Training (RFT) date (if applicable)	Date:	
Important Note: A minimum of three (3) months' notice is required before any evaluation or audit may be conducted. (Part A application)		

5	Documents and manuals to be submitted with the application (as applicable)	
For initial verification of Management System or new device location:		
<input type="checkbox"/> Management System documentation <input type="checkbox"/> Certificate of Incorporation		
For initial issuance of certificate based on another EASA or EU member state's certificate:		
<input type="checkbox"/> Initial documentation according to ORA.FSTD.240 <input type="checkbox"/> Last 2 years FSTD Evaluation Report		
For Modification of an FSTD:		
<input type="checkbox"/> Response: "Information sheet regarding FSTD modification" (NF-1096) must be attached to this application form NF-1095		

6	Additional comment(s) (please add complementary information)
<p><i>Additional features, capabilities, or special equipment not covered in section 3, or any other information considered to be relevant for the ability to complete the requested activity.</i></p>	

7	Declaration		
<input type="checkbox"/> By signing this document, the applicant declares that all information provided in this form is correct and can be documented			
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Name of Accountable Manager:</td> <td style="width: 50%;">Signature:</td> </tr> </table>		Name of Accountable Manager:	Signature:
Name of Accountable Manager:	Signature:		
!!!	CAA Norway does not accept applications without signature. The signature of either the Accountable Manager or of the new proposed Accountable Manager is always required .		

Handling of personal data	
<p>To process your application, we need information about you. Your personal data is required to ensure the information received is <i>from the correct person</i>. Your personal data will be handled in accordance with Regulation (EU) 2016/679 – General Data Protection Regulation (GDPR). Article 6 (1)(e), Civil Aviation Act § 5-3 regulation on certifying crewmember and EU-regulation no. 1178/2011 FCL.015 and MED. A.035 specifies the criteria on which your application will be processed.</p> <p>Your personal data will be stored only as long as required for the purpose for which they were collected. You have the right to access your personal data, and, if necessary, have it corrected. If you believe your personal data is not handled according to the GDPR, you may appeal to the Norwegian Data Protection Authority.</p> <p>The Civil Aviation Authority – Norway (CAA-N) is responsible for processing your application. To contact our data protection officer, email personvernombud@caa.no.</p> <p>All written inquiries to CAA-N are subject to the Archive and Freedom of Information Act. The public’s right to access information does not apply to personal data, which is subject to confidentiality.</p> <p>Read our privacy policy here: https://luftfartstilsynet.no/en/about-us/privacy-policy/</p>	