

Send to:
 postmottak@caa.no
or
 Luftfartstilsynet
 Postboks 243
 8001 BODØ

Application for Activities related to Flight Simulator Training Devices (FSTD)

1. Applicant			
1.1 Applicant Data			
Customer number:		Applicant name:	
1.2 Registered business information			
Adress:		Zipcode:	City:
Telephone number:		E-mail address:	
1.3 Contact person information (responsible for this application)			
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last Name:		First name:
Job title:	Telephone number:	E-mail address:	
1.4 Device Location			
<input type="checkbox"/> Same as Applicant Data in section 1.1 to 1.3 (→ continue with section 1.6) <input type="checkbox"/> Other (please specify below)			
Applicant Name:			
1.5 Device Location Adress			
<input type="checkbox"/> Same Contact person as in section 1.3 <input type="checkbox"/> Other (please specify)	Contact Person:		
Adress:		Zipcode:	City:
			Country:
1.6 Billing data	<input type="checkbox"/> Same as Applicant Data in section 1.1 to 1.3 (→ continue with section 1.10)		
1.7 Applicant name	<input type="checkbox"/> Same as Applicant Data in section 1.2 (→ continue with section 1.10)		

1.8 Billing Adress		
<input type="checkbox"/> Same as in section 1.2 Registered Business Information <input type="checkbox"/> Other (please specify below)		
Adress:	PO BOX:	Post code:
City:	Country:	
1.9 Contact person (Financial)		
<input type="checkbox"/> Same as in section 1.3 Contact person information <input type="checkbox"/> Other (please specify below)		
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Last Name:	First name:
Job title:	Telephone number:	E-mail address:
1.10 Financial Contact Email (Invoice PDF copy will be issued to this address):		
E-mail:		

1.11 Certificate Delivery Data		<input type="checkbox"/> Same as Applicant Data in section 1.1 – 1.3 (continue with section 2.0)	
<input type="checkbox"/> Other (Please specify below)			
1.12 Applicant name			
Last name:		First name:	
1.13 Delivery address			
Adress:	PO BOX:	Post code:	
City:	Country:		
1.14 Contact person (Certificate delivery)			
<input type="checkbox"/> Same in section 1.3 Contact Person Information <input type="checkbox"/> Other (please specify below)			
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Name:		First name:
Job title:	Telephone number:	E-mail address:	

Applicant's reference
<i>Please provide an individual reference to this application.</i>

2. Identification of activity	
2.1 Qualification	
<input type="checkbox"/> Initial Qualification (→ refer to section 4)	
2.2 Evaluation	
<input type="checkbox"/> Change of Recurrent Evaluation (→ refer to section 4)	
<input type="checkbox"/> Consider of Extended Evaluation Period (EEP)	
2.3 Changes to a qualified FSTD	
Requested date:	
<input type="checkbox"/> Modification <input type="checkbox"/> Change of qualification level <input type="checkbox"/> Relocation <input type="checkbox"/> De-activation <input type="checkbox"/> Re-activation <input type="checkbox"/> Surrender of an qualification certificate <input type="checkbox"/> Administrative Re-issuance of an qualification certificate	Comments (Further comment → section 3.7):
2.4 Activities for organisations only operating FSTDs	
<input type="checkbox"/> Management System/Compliance Monitoring System Audit.	
a) A minimum of three (3) months' notice is required before any evaluation may be conducted. b) Prior to the evaluation, the organisation operating the FSTD and the device shall be in compliance with all applicable requirements. c) The device to be qualified must be available to the evaluation team on the agreed date, and for the timeframe. d) This application has a validity of 12 months from the date it is received by CAA-NO.	

3. FSTD Details	
3.1 Type of simulated aircraft	
If the device can simulate more than one aircraft type, please submit a separate application for each them.	
Model (Type of aircraft):	
Variant(s): <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Three or more	List of variants:
Number of engine configurations: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Three or more	List of engine type/models:
3.2 Type of simulated aircraft	
If the device simulates a class of aeroplane or type of helicopter please submit a separate application for each of them.	
Model (class or aeroplane or type of helicopter):	

3.3 Device information		
FSTD manufacturer:		FSTD serial number:
Multi type: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of entry into service (mm.yyyy):	
Operator Management System audit performed	<input type="checkbox"/> Yes	Date:
	<input type="checkbox"/> No	Authority:
3.4 Visual System (If applicable)		
Collimated system: <input type="checkbox"/> Yes <input type="checkbox"/> No	Filed of view (<i>Horizontal x Vertical in degrees</i>):	Display manufacturer:
Technology (<i>CRT, LCoS, DLP, Laser, monitors, etc.</i>):	Image generator (IG) manufacturer:	
	IG Model:	
3.5 Motion system		
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:</i>
3.6 Previous qualification		
To be completed for devices already holding a valid EASA or Member State qualification certificate.		
Certificate FSTD ID #:		Qualification level and Primary Reference Document:
Issued by:		
Date of last evaluation (dd.mm.yyyy):		
FSTD under extended evaluation period programme (EEP) (<i>Date of last on-site evaluation</i>): <input type="checkbox"/> No <input type="checkbox"/> Yes Date:		

3.7 Nature of FSTD changes (Please add complementary information)

3.8 Level of qualification.		
	Aeroplane / CS-FSTD (A)	Helicopter / CS-FSTD (H)
BITD	<input type="checkbox"/>	<input type="checkbox"/>
FNPT	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> + MCC	<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"/> 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	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

3.9 Contact person for evaluation purposes (if different from 1.3)			
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Name:	First name:	
Job title:	Telephone number:	E-mail address:	

4. Proposed dates	
4.1 Requested evaluation start date	Start date:
4.2 Evaluation already planned with a NCAA or Qualified Entity	<input type="checkbox"/> No
	<input type="checkbox"/> Yes Entity:
4.3 Qualification Test Guide (QTG) submission date (If applicable)	Submission date:
4.4 Intended Ready For Training (RFT) date (If applicable)	Date:

5. 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.

By signing this document the applicant declares that all information provided in this form is correct and can be documented.

In order to process your application we need information about you.

Personal data is required in order to ensure that listed person has a relationship with the organization maintaining the FSTD Qualification. Your personal data will be handled in accordance with regulation (EU) 2016/679 – General Data Protection Regulation (GDPR). Article 6 No 1(e), regulation on certifying crewmember and EU-regulation no. 1178/2011 Part - ARA.FSTD.100, ARA.FSTD.130, ORA.FSTD.110, ORA.FSTD.200, ORA.FSTD.230 specifies the criteria on which your application will be processed.

Your personal data will be stored only as long as required for the purpose in which they were collected. You have the right to access your personal data, and, if necessary, have them corrected. If you believe that your personal data is not handled in accordance with the GDPR, you may appeal to the Norwegian Data Protection Authority.

The Civil Aviation Authority – Norway (CAA-NO) is responsible for the processing of your application. Contact our data regulation officer at e-mail: personvernombud@caa.no

All written inquiries to CAA-NO are subject to the Archive Act and the Freedom of Information Act. The public's right to access information does not apply to personal data which is subject to confidentiality.

Date, place:

Name:

Signature:

This Application should be sent by regular mail or e-mail to:

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