

Application for Approval to use a Qualified Flight Simulator Training Device (FSTD) Aeroplanes (EU-OPS 1.005(d))



Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink

Please read the attached Guidance Notes before completing this form.

1. APPLICANT TYPE			
Limited Liability Partnership	Complete Section 2. a)	Public Educational Establishment University/College	Complete Section 2. b)
Limited Company	Complete Section 2. a)	Individual (Sole Trader)	Complete Section 2. c)
Charity	Complete Section 2. b)	Partnership	Complete Section 2. c)
Ministry of Defence	Complete Section 2. b)	Private Clubs	Nominated Representative to Complete Section 2. c)
Trust	Complete Section 2. b)		

2. APPLICANT DETAILS (The Applicant is the person responsible for payment of CAA charges)

a) A Company

Registered Company Name (in full):

Registered Company Number:

Country of Company Registration:

Registered Office Address:

..... Postcode:

Telephone: Fax:

E-mail:

Trading Name: (if applicable)

Trading Address (primary site):

..... Postcode:

Website address:

Authorised Representative of Company

This application is to be signed by either a Director or Company Secretary or a person authorised by the Board to act on behalf of the Company.

Title: Forename: Surname:

Position in Company:

Telephone No: E-mail:

If you are a not a Director or Company Secretary and have been authorised to sign the application form on behalf of the Company, proof of that authority must be provided with the completed application form.

This application will be considered in respect of and, if appropriate, granted to, the Company Name as registered under the Company Number provided on this form.

or b) An Unincorporated Association or other body

Name of Unincorporated Association or other body:

Address:

..... Postcode:

Telephone: Fax:

E-mail: Mobile Telephone:

Website address:

Authorised Representative

This application is to be signed by a person authorised by the body named above to act on behalf of it.

Title: Forename: Surname:

Position:

Charity Number (if applicable):

or c) Individual (including sole traders and partnerships)

Title: Forename: Surname:

Address:

..... Postcode:

Telephone: Fax:

E-mail: Mobile Telephone:

Trading Name: (if applicable)

Website address:

A photocopy of your valid Passport or valid photocard Driving Licence must accompany your application as proof of identification. Failure to supply proof of identification may result in a delay to the application processing time.

In the case of a partnership, please complete details of all partners. Continued on a separate sheet

3. CAA TRAINING ORGANISATION REFERENCE NO.

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4. APPROVAL DETAILS (Please tick as applicable)

Type of Approval requested	Initial	Renewal
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5. FSTD DETAILS (please tick or complete as applicable)

Current FSTD Qualification:	UK CAA Qualified	Other EU Member State Qualified (for possible Mutual recognition)	Qualified by Non-EU Member State (other overseas qualification)
FSTD Type:	FFS	FTD	
FSTD Identification Code and Qualification level:	UK FSTD code: UK/ FSTD Qualification Level:		
	Other ID code://.....		
Aircraft Type: (Where device is dual-qualified, the type requested)		
FSTD Location:		
FSTD Operator: (The FSTD Operator is the organisation to whom the FSTD qualification Certificate will be issued.)		

6. SCOPE OF USER APPROVAL (Please tick/complete the appropriate scope of the proposed approval)				
A User Approval will be issued for one complete year, regardless of the expiry date of the FSTD qualification, and will be dependent upon the continued qualification of the FSTD to the qualification level specified, and on the regular update of the Navigation Database.				
6.1	Requested Start date of User approval:.....			
6.2	UK CAA Training Inspector may be required to visit an FSTD that is a non-UK CAA qualified during one of your training sessions to evaluate the device for training and testing purposes only.			
If applicable, dates when a CAA Training Inspector may accompany a Training Session.....				
6.3	Please clarify purpose of the User Approval application (please tick all that apply)			LST
	a)	Licence skill Test (LST MPA) and Licence Proficiency Checks (LPC MPA) in accordance with PART-FCL (Flight Crew Licensing Requirements) Subparts C to K		LPC
	b)	Operator Proficiency Checks (OPC) in accordance with EU-OPS Subpart N 1.945 and 1.965		
	c)	Recent Experience in accordance with PART-FCL (Flight Crew Licensing Requirements), Subpart A FCL.060(b) and EU-OPS Subpart N 1.970		
	d)	LVO training and testing to Category (tick as applicable)	CAT I CAT II CAT IIIA CAT IIIB	
6.4	The respect of an Initial Application, are there any differences between the FSTD configuration and your aircraft which affect training delivery?			Yes No
	In respect of a Renewal Application, has there been any change(s) to the FSTD or associated users aircraft since the last renewal that would affect an existing differences list?			Yes No
Where differences / changes have been identified in paragraph 5.4, the list of said differences / changes must be provided with this application form, along with any identified / associated mitigation.				

7. CHARGES PAYABLE	
<p>The charges payable as calculated in accordance with the CAA Personnel Licensing Scheme of Charges (published in CAA Official Record Series 5) to be paid on application are enclosed herewith.</p> <p>NB: This application will not be processed until the applicable charges have been received.</p> <p>Total fees included are: £.....</p> <p>IMPORTANT NOTES:</p> <p>Where the cost of the CAA investigations exceeds the application charge payable, the applicant shall pay additional charges to recover those excess costs incurred by the CAA in accordance with the Scheme of Charges.</p> <p>If a Member or employee of the CAA is required to travel overseas in respect of this application you are advised to read the CAA Scheme of Charges to which this application relates and the section entitled 'Additional charge where functions are performed abroad'. All expenses incurred in pursuance of this application by virtue of travelling overseas will be payable by the applicant on demand.</p> <p>In the event that this application is withdrawn by the applicant, a cancellation charge may be levied. The cancellation charge reflects the work carried out by the CAA on behalf of the applicant up to the point of cancellation. Please see the CAA Refunds Policy at www.caa.co.uk/refunds for more information. Where sufficient funds remain from the original application fee, this charge will be deducted from any refund made in respect of the application following cancellation.</p>	

8. FINANCIAL DECLARATION

I hereby declare that to the best of my knowledge the particulars entered on this application are accurate.

I enclose the charges payable on application in accordance with the Scheme of Charges (www.caa.co.uk/ors5).

I agree to pay any additional charges which may become payable in respect of this application under the Scheme of Charges.

Name of Applicant:
(as shown in 1 a) or 1 b))

Signature of Applicant (named in 1 a): Date:.....

or Signature of Authorised Representative : Date:.....
(named in 1 b))

9. DECLARATION

I have read and understood the Submission Instructions for this Form and confirm that the relevant documentation (if applicable) is enclosed with this application.

I understand that an Approval may be granted in accordance with the Air Navigation Order and the relevant elements of PART-FCL and EU-OPS for the purposes of training, testing and checking flight crew only.

Signature of Applicant: Date:

FALSE REPRESENTATION STATEMENT

It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons doing so render themselves liable, on summary conviction, to a fine not exceeding the statutory maximum (currently £5000, or in Northern Ireland £2000) and on conviction on indictment to an unlimited fine or imprisonment for a term not exceeding two years or both.

10. SUBMISSION INSTRUCTIONS

All applications for User Approvals must be made a minimum of 15 working days before they are required.

Any application to use a qualified FSTD located in another EASA mutually recognised area must be accompanied by evidence of the qualification and FSTD identification number together with a copy of the latest qualification certificate and evaluation report.

An incomplete (including missing supporting documentation) or inaccurate application may result in a delay to the issue of the user approval.

When you have completed this Form, please send it to:

Licensing and Training Standards

FSTD Standards

Civil Aviation Authority

Aviation House

Gatwick Airport South

West Sussex

RH6 0YR

Direct Dial: 01293 573716 / 3787

Fax: 01293 573991

e-mail: fststandards@caa.co.uk

together with: (please tick items being submitted with the application)

Appropriate application fee:

Copy of FSTD Qualification Certificate (where non-UK CAA qualified)

Copy of latest FSTD Qualification Evaluation Report (where non-UK CAA qualified)

List of Changes / Differences between FSTD and aircraft and any identified / associated mitigation:

For first application from an individual applicant, please provide proof of ID (suitably certified copy of current Passport or Full Driving Licence – see Guidance Note 1).

If you are not a Director or Company Secretary and have been authorised to sign the application form on behalf of the Company, please enclose proof of that authority.

PAYMENT AUTHORISATION



Please complete this form online or in BLOCK CAPITALS using black or dark blue ink, before printing, signing and submitting as instructed on the associated Application Form.

PLEASE NOTE: One Payment Authorisation Form is required for each application.

1. PAYMENT DETAILS					
a) Payment type (please tick your chosen method of payment).					
Visa	Mastercard	Debit Card	Cheque/Banker's Draft	Bank Transfer	Cash (max.£1000)
We do not accept American Express, Diners Club or JCB cards. Cash payments will only be accepted in person at Aviation House, Gatwick. Please do not send cash by post.					
Cheques shall be made payable to ' Civil Aviation Authority '. Please write the CAA Application Form No. on the reverse of your cheque.					
National Westminster Bank plc Bloomsbury Parr's Branch PO Box 158 214 High Holborn London WC1V 7BX			Account Name: Civil Aviation Authority Account Number: 36029769 Sort Code: 60-30-06 Swift Code: NWBK GB 2L IBAN: GB90 NWBK 6030 0636 0297 69		
Please supply the following information:					
Amount: £.....		BACS/CHAPS Reference*:			
* When making a bank transfer please instruct your bankers to quote the CAA Application Form number followed by the application date in the description field (i.e. SRG XXXXddmmyyy).					
Payer:			Date of Transfer:		
b) Card Details (for payment by Credit/Debit Card)					
Card number:					
Expiry date: /		Security Code (last 3 digits on signature strip on reverse of card)			
Debit cards only: Start date: /		Amount: £.....			
Issue No: (if applicable)					
Name (as written on card): (BLOCK CAPS)					
Full postal address of card holder:					
					Postcode:
Card holder's signature:					
Please tick box if paying with Company Card			Company Name:		

This information is provided at the applicant's risk and will be used by the CAA for this payment only and will not be used for any other purposes

Application for Approval to use a Qualified Flight Simulation Training Device (FSTD) Aeroplanes (EU-OPS 1.005(d)) – GUIDANCE NOTES

GUIDANCE NOTE 1: Certifiers of ID

The following people can act as 'certifiers':

- Lawyer.
- Chartered Accountant.
- Serving Police or Customs Officer.
- Notary Public.
- Member of Judiciary.
- Senior Civil Servant.
- Actuary.
- An Embassy, Consulate or High Commissioner of the country of issue of the document.
- Director. Officer or manager of a regulated financial services business (e.g. Bank Manager).

Instructions for the certifier of your ID document are as follows:

1. Insert: 'I have seen the original document and I certify that this is a complete and accurate copy of the original'.
2. Insert signature and date.
3. Certifier's name must be printed in BLOCK CAPITALS.
4. Must include position or capacity, e.g. Lawyer, and contact address.
5. The official company/institutional stamp must be clearly impressed. The address and telephone number contact details must be provided.