



Flight Operations Standards Department
Flight Crew Licensing and Training Section - Flight Synthetic Training Devices (FSTDs)
FSTDs Initial Qualification Application Form

Appendix 1(a) to JCAR-FCL 1.055

Part A - To be submitted not less than 3 months prior to requested qualification date

1. FSTD Operator Details. The applicant requests the evaluation of its FSTD for JCAR FSTD A qualification

a	Name of Simulator Operator		
b	AOC/TRTO/FTO Number		
c	Address		
d	Contact details	Name	Phone No

2. FSTD Type Details.

Type of FSTD Aircraft	Aircraft Type/Class	Qualification Level			
<input type="checkbox"/> Flight Simulator (FFS)		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
<input type="checkbox"/> Flight Training Device (FTD)		<input type="checkbox"/> 1	<input type="checkbox"/> 2		
<input type="checkbox"/> Flight and Navigation Procedure Trainer (FNPT)		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> II MCC	
<input type="checkbox"/> Basic Instrument Training Device (BITD)					

3. Qualification Test Guide detail. The FSTD with its Visual System is fully defined on the accompanying Qualification Test Guide (QTG).

a	FSTD Manufacturer Name	
b	Visual System Manufacturer Name	
c	QTG run on date	
d	QTG run on location	

4. Evaluation Details.

a	Evaluation is requested for the following configurations and engine fits as applicable (e.g. 767 PW/GE and 757RR)		
	1.		3.
	2.		4.
b	Date requested		
c	FSTD will be located at		
d	QTG submitted by date		

Note: The QTG must be submitted not less than 30 days before the requested evaluation date unless otherwise agreed with CARC.

5. FSTD Operator Signature

• Name		• Signature	
• Position		• Date	



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Part C - To be completed not less than 7 days prior to initial evaluation

1. FSTD Operator Details. The applicant requests the evaluation of its FSTD for JCAR-FSTD A qualification

a	Name of Simulator Operator		
b	Airplane Type Applied For		
c	AOC/TRTO/FTO Number		
d	Address		
e	Contact details	Name	Phone No

2. FSTD Evaluation Team.

Name	Title	Qualification

3. FSTD Operator Declaration.

- a. The above named team conforms to the airplane flight deck configuration of the above named operator (1a) and airplane type (1b) and that the simulated systems and subsystems function equivalently to those in that airplane.
- b. The pilot(s) listed in 2 has also assessed the performance and the flying qualities of the FSTD and finds that it represents the designated airplane.

4. Additional Comments. (as applicable)

5. Operator Signature.

• Name		• Signature	
• Position		• Date	