MCAR AIRCREW

APPLICATION FOR APPROVAL TO USE A QUALIFIED FLIGHT SIMULATOR TRAINING DEVICE (FSTD) AEROPLANES

Please complete in BLOCK CAPITALS using black or dark blue ink.

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.

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 re	sponsible for payment of CAA charges)
a) A Company	
P. C. C. C. IV	
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 Compan Board to act on behalf of the Company.	ny Secretary or a person authorised by the
Title: Forename:	Surname:
Position in Company:	
Telephone No: E-mail:	
If you are a not a Director or Company Secretary and have bee behalf of the Company, proof of that authority must be provide	

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: 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: Surname: Surname: Charity Number (if applicable): or c) Individual (including sole traders and partnerships) Title: Surname: Surname: Postcode: Telephone: Fax: Trading Name: (if applicable): A photocopy of your valid Passport or ID Card 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. Continue on a separate sheet 3. TRAINING ORGANISATION REFERENCENo.: 4. APPROVAL DETAILS (Please tick as applicable) Initial Renewal Type of Approval requested 5. FSTD DETAILS (please tick or complete as applicable) Current FSTD Qualification: FFS FTD FSTD Type: FSTD Identification Code and FSTD code:/..... Qualification level: FSTD Qualification Level: Aircraft Type: **FSTD Location:** FSTD Operator:

6. SCOPE OF USER APPROVAL (Please tick/complete the appropriate scope of the proposed approval)				
A User Approval will be issued for a 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.				
5.1 Requested Start date of User approval:				
5.2 CAA Training Inspector may be required to visit an FSTD that is a non- CAA qualified, during one of the 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				
5.3 Please clarify purpose of the User Approva	l application (please tick all that apply)	LST		
a) Licence skill Test (LST MPA) and Licen	ce Proficiency Checks (LPC MPA)	LPC		
b) Operator Proficiency Checks		OPC		
c) Recent Experience in accordance with PART-FCL				
d) Zero Flight Time Training and Testing				
Note: Zero Flight Time Training and Testing (ZFTT) for the grant of a type rating may only be undertaken where a specific ZFTT approval has been issued as a schedule to the company's ATO approval, or to a User organisation by the CAA.				
e) LVO training and testing to Category (tic	ck as applicable) CAT I CAT II CAT III.	CAT IIIB		
5.4 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 the	here been any change(s) to the FSTD or associated	users aircraft since the		
last renewal that would affect an existing of	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.		
must be provided with this application for the second seco	Form, along with any identified / associated To be comple	mitigation.		
7. DECLARATION OF APPLICANT I confirm that the relevant documentation	To be comple (if applicable) is enclosed with this application and in accordance with the relevant elements.	ted by the Applicant n.		
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