



Luftfahrtamt der Bundeswehr

LETTER OF APPLICATION FOR INITIAL QUALIFICATION OF AN FSTD; EXCEPT BASIC INSTRUMENT TRAINING DEVICE (BITD)

Part A

(To be submitted not less than three months prior to requested qualification date)

EASA ID (if available)

<EASA-ID>

<Absender>

Luftfahrtamt der Bundeswehr
Civil Authority
Flughafenstr. 1

51147 Köln

General	Qualification Level Sought				
Type/Class of FSTD A/C:	<Text>				
<input type="checkbox"/> Aircraft	<input type="checkbox"/> Interim	<input type="checkbox"/> FFS A	<input type="checkbox"/> FFS AG	<input type="checkbox"/> FFS B	<input type="checkbox"/> FFS BG
<input type="checkbox"/> Helicopter		<input type="checkbox"/> FFS C	<input type="checkbox"/> FFS CG	<input type="checkbox"/> FFS D	<input type="checkbox"/> FFS DG
		<input type="checkbox"/> FFS SC	<input type="checkbox"/> FTD 1	<input type="checkbox"/> FTD 2	<input type="checkbox"/> FTD 3
		<input type="checkbox"/> FNPT I	<input type="checkbox"/> FNPT II	<input type="checkbox"/> FNPT III	
		<input type="checkbox"/> FNPT II MCC	<input type="checkbox"/> FNPT III MCC		

To whom it may concern,

<Name of Applicant> requests the evaluation of its flight simulation training device <operator's identification of the FSTD> for qualification. The <FSTD manufacturer's name> FSTD with its <visual system and manufacturer's name, if applicable> visual system is fully defined in section <Section> of the accompanying Qualification Test Guide (QTG) which was run on <Date> at <Place>.

Evaluation is requested for the following configurations and engine fits as applicable: e.g. 767 PW/GE and 757RR	
1	<Text>
2	<Text>
3	<Text>

Dates requested are: <Datum> and the FSTD will be located at <Place>.

The objective tests of the QTG will be submitted by <Date> and in any event not less than 30 days before the requested evaluation date unless otherwise agreed with the competent authority.

Comments
<Text>

Signed

.....

Print name	<Name>	e-Mail	<EMail>
Position/appointment held	<Position>	Telephone	<Phone>

This letter of application shall be sent to:

Luftfahrtamt der Bundeswehr-Civil Authority-, Flughafenstr. 1, 51147 Köln, Tel: +49(0)2203 908-1437, Fax: +49(0) 2203 908-1690



Luftfahrtamt der Bundeswehr

LETTER OF APPLICATION FOR INITIAL QUALIFICATION OF AN FSTD; EXCEPT BASIC INSTRUMENT TRAINING DEVICE (BITD)

Part B

(To be completed with attached QTG results)

EASA ID (if available)

<EASA-ID>

<Absender>

Luftfahrtamt der Bundeswehr
Civil Authority
Flughafenstr. 1

51147 Köln

We have completed tests of the FSTD and declare that it meets all applicable requirements except as noted below.

The following QTG tests are outstanding:	
Test ID	Comment
<Text>	<Text>
<Text>	<Text>
<Text>	<Text>
<Text>	<Text>
<Text>	<Text>
<Text>	<Text>
<Text>	<Text>

(Add boxes as required)

It is expected that they will be completed and submitted three weeks prior to the evaluation date.

Signed

.....

Print name	<Name>	e-Mail	<EMail>
Position/appointment held	<Position>	Telephone	<Phone>



Luftfahrtamt der Bundeswehr

LETTER OF APPLICATION FOR INITIAL QUALIFICATION OF AN FSTD; EXCEPT BASIC INSTRUMENT TRAINING DEVICE (BITD)

Part C

(To be completed not less than seven days prior to initial evaluation)

EASA ID (if available)

<Text>

<Absender>

Luftfahrtamt der Bundeswehr
Civil Authority
Flughafenstr. 1

51147 Köln

The FSTD has been assessed by the following evaluation team:

Name	Qualification	Pilot's/ Flight Engineer's Licence Nr
<Name>	<Qualification>	<Licence Nr>

(Add boxes as required)

- FFS/FTD: This team attests that the <Type of FSTD> conforms to the aeroplane flight deck/helicopter cockpit configuration of < name of aircraft operator (if applicable), type of aeroplane/helicopter > aeroplane/helicopter within the requirements for < type of FSTD and level > and that the simulated systems and subsystems function equivalently to those in that aeroplane/helicopter. The pilot of this evaluation team has also assessed the performance and the flying qualities of the FSTD and finds that it represents the designated aeroplane/helicopter.
- FNPT: This team attest(s) that the <type of FSTD> represents the flight deck or cockpit environment of a < aeroplane/helicopter or class of aeroplane/type of helicopter > within the requirements for < type of FSTD and level > and that the simulated systems appear to function as in the class of aeroplane/type of helicopter. The pilot of this evaluation team has also assessed the performance and the flying qualities of the FSTD and finds that it represents the designated class of aeroplane/type of helicopter.

Additional comments as required

<Text>

Signed

.....

Print name	<Name>	e-Mail	<EMail>
Position/appointment held	<Position>	Telephone	<Phone>