
	<p align="center"><b>CIVIL AVIATION AUTHORITY OF MALAYSIA FLIGHT OPERATIONS DIVISION FLIGHT CREW LICENSING</b></p> <p align="center"><b>APPLICATION FOR FLIGHT SIMULATION TRAINING DEVICE (FSTD) CERTIFICATE OF QUALIFICATION (COQ)</b></p>	<p align="center">CAAM/BOP/FSTD/01</p>
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<b>A. APPLICANT</b>	
Application form for: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Upgrade <input type="checkbox"/> Relocation <input type="checkbox"/> Change of Ownership	
FSTD Operator:	
Aircraft Type:	FSTD Type: <input type="checkbox"/> FFS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> FNPT <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> MCC <input type="checkbox"/> FTD <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> BITD
<b>B. FSTD DETAILS</b>	
FSTD ID Number:	Location:
FSTD Manufacturer:	Proposed Evaluation Date:
Training Organisation/Sponsor:	
FAA/EASA/ICAO Designator (4 Letter Code):	
<b>C. USE OF FSTD:</b>	
<input type="checkbox"/> For ATO approved training program as in Training Specifications	
<input type="checkbox"/> Dry lease only	
<b>D. INITIAL QTG QUALIFICATION</b>	
<input type="checkbox"/> For QTG tests run at the factory, not later, than 45 days prior to the proposed evaluation date with the additional "1/3 on-site" tests provided not later than 14 days prior to the proposed evaluation date	
<input type="checkbox"/> For QTG tests run on-site, not later than 30 days prior to the proposed evaluation date.	
We understand that the formal request will contain the following documents: 1. <input type="checkbox"/> Sponsor's Letter of Request (Company Compliance Letter). 2. <input type="checkbox"/> Complete QTG.	
If we are unable to meet the above requirements, we understand this may result in a significant delay.	

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<b>E. APPLICANT'S REMARK</b>	
Applicant's Signature:	Submission Date:
Applicant's Name:	
Applicant's Designation:	


<b>F. FOR CAAM USE ONLY</b>	
Accepted by FOI:	Signature:
Accepted Date:	Proposed Evaluation Date:
DFO or Head of FSTD instruction to CAAM Admin to prepare acknowledgement receipt and forward to DFO, followed by FOI who will be assigned to perform evaluations	
DFO/Head of FSTD Remarks /Assign to:	
Signature:	Date:
DFO/Head of FSTD:	

**FOR CAAM USE ONLY**

Examiner Authority \_\_\_\_\_  
 Checked  ACCEPT  REJECT


Remarks \_\_\_\_\_  
 FOI Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Application Fee:	
Receipt No:	
Cheque / P.O:	
Initial:	
Date:	


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**STATEMENT OF QUALIFICATIONS**

<b>FSTD INFORMATION</b>		
Sponsor Name:	Date:	
Manager Name & Contact Details:		
FSTD Location:	Email:	
Address:	Nearest Airport:	
Sponsor ID No (EASA/FAA Designator):		
Aircraft Make/Model/Series:	Entry Service Date:	
Type of Evaluation: <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Relocation <input type="checkbox"/> Upgrade <input type="checkbox"/> Change of ownership		
Initial Qualification Date:	Level:	
Upgrade Qualification Date:	Level:	MQTG:
Qualification:	<input type="checkbox"/> FFS <input type="checkbox"/> FNPT <input type="checkbox"/> FTD <input type="checkbox"/> BITD	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> MCC <input type="checkbox"/> 1 <input type="checkbox"/> 2
<b>OTHER TECHNICAL INFORMATION</b>		
FSTD Manufacturer	Convertible:    Yes    No	
Sponsor FSTD ID No:	Date of Manufacture:	
Airplane model/series:	Source of aero data:	
Engine model(s) / data revision:	Aero data revision number:	
FMS identification and revision:	Visual system mfg:	
Flight control data revision:	Visual system display:	
Motion system manufacturer:	FSTD computer(s) model:	
Foreign Aviation Authority:	Qualification Level:	
Qualification Basis:	Aircraft FSTD Seats:	
Flight Instrumentation: <input type="checkbox"/> EFIS <input type="checkbox"/> Analog <input type="checkbox"/> FMS <input type="checkbox"/> INS <input type="checkbox"/> Others:		
Engine Equipment: <input type="checkbox"/> ANALOG <input type="checkbox"/> EICAS <input type="checkbox"/> FADEC <input type="checkbox"/> Others:		

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Airport Models	Airport Designator	Approach	Runway
Circle to Land:			
Visual Ground Segment:			
<b>Training and Check:</b> <input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> ME Rating <input type="checkbox"/> IR <input type="checkbox"/> Type Rating <input type="checkbox"/> Proficiency Checks			
<input type="checkbox"/> CAT I: (RVR 550 m DH 200 ft)	<input type="checkbox"/> HUD		
<input type="checkbox"/> CAT II: (RVR 300 m DH 100 ft)	<input type="checkbox"/> HGS		
<input type="checkbox"/> CAT III: (RVR <300 m DH <100ft)	<input type="checkbox"/> EFVS		
<input type="checkbox"/> Circling Approach	<input type="checkbox"/> FANS		
<input type="checkbox"/> LVO	<input type="checkbox"/> WX-Radar		
<input type="checkbox"/> Recency	<input type="checkbox"/> GPWS/ EGPWS		
<input type="checkbox"/> Zero Flight Time	<input type="checkbox"/> ETOPS/ EDTO Capability		
<input type="checkbox"/> IFR Training/Check	<input type="checkbox"/> GPS/ LVS/ WAAS		
<input type="checkbox"/> Type Rating	<input type="checkbox"/> UPRT Recoveries		
<input type="checkbox"/> Proficiency Check	<input type="checkbox"/> Other:		
<input type="checkbox"/> Auto- Approach/ Auto Go Around / Auto-land Roll Out Guidance			
<input type="checkbox"/> Windshear/ Windshear Warning System			
<input type="checkbox"/> Predictive Windshear	<b>Additional Helicopter Operations</b>		
<input type="checkbox"/> TCAS I/ II/ ACAS I / II (Version)	<input type="checkbox"/> Slope Landings	<input type="checkbox"/> External Load	
<input type="checkbox"/> Other Trainings:	<input type="checkbox"/> Cat A Takeoffs	<input type="checkbox"/> Night Vision Ops	
		<input type="checkbox"/> Pinnacle Approach to Landings	

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FOR CAAM USE ONLY		
CAAM EVALUATION TEAM	Assignment	Organisation
FOI:		
Foreign NAA:		
Remarks:		