

	<p align="center">CIVIL AVIATION AUTHORITY OF MALAYSIA FLIGHT OPERATIONS DIVISION FLIGHT CREW LICENSING</p> <p align="center">APPLICATION FOR FLIGHT SIMULATION TRAINING DEVICE (FSTD) USER APPROVAL CERTIFICATE (UAC)</p>	<p align="center">CAAM/BOP/FSTD/02</p>
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A. APPLICANT	
Application form for: <input type="checkbox"/> Initial Issue <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment	
Operator/ATO/Aircraft Owner Name:	Expected Commencement Date:
Point of Contact: (Name):	Phone No.: Email:
B. ATO AND FSTD DETAILS	
Application for: <input type="checkbox"/> Local FSTD <input type="checkbox"/> Foreign FSTD	
Facility name:	City, Country:
Contact Name:	Phone No.: Email:
FSTD Model/Series:	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
Aircraft Model/ series:	
Differences: * <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> Flight <input type="checkbox"/> Engine <input type="checkbox"/> Instrument <input type="checkbox"/> Com/Nav Equipment, <input type="checkbox"/> Cockpit layout <input type="checkbox"/> Others:	
C. APPROVAL SOUGHT	
FSTD lease as: <input type="checkbox"/> Wet lease/full ATO support <input type="checkbox"/> Dry lease (non ATO Support)	
Use for Training and Check: <input type="checkbox"/> PPL <input type="checkbox"/> CPL <input type="checkbox"/> MPL <input type="checkbox"/> ATPL <input type="checkbox"/> SE Rating <input type="checkbox"/> ME Rating <input type="checkbox"/> IR <input type="checkbox"/> Type Rating <input type="checkbox"/> Proficiency Checks <input type="checkbox"/> Others: <i>Please specify (e.g. UPRT, EDTO, etc)</i>	
D. SUPPORTING EVIDENCE & REMARK	
<input type="checkbox"/> ATO Certificate	<input type="checkbox"/> FSTD COQ
<input type="checkbox"/> List of differences and proposed Training Justification	<input type="checkbox"/> Training Syllabus

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Applicant's Remark (use separate sheet):	
Applicant's Signature:	Submission Date:
Applicant's Name:	
Applicant's Designation:	

E. FOR CAAM USE ONLY	
Accepted by FOI:	Signature:
Accepted Date:	Proposed Evaluation Date:
DFO/Head of FSTD: <input type="checkbox"/> Accepting Foreign Authority approval and documented evidence Simulator evaluation required: Yes <input type="checkbox"/> / No <input type="checkbox"/>	
DFO/Head of FSTD Remarks:	
Signature:	Date:
DFO/Head of FSTD:	

FOR CAAM USE ONLY

FOI Checked _____
 ACCEPT REJECT

Remarks _____

FOI Signature _____

Date _____

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