



Application

Activities related to Flight Simulator Training Devices

This form is intended for any application related to Flight Simulator Training Devices (FSTD). This form is to be submitted for any initial qualification where application is for the first qualification by ILT (CAA NL) and for all special evaluations (prior to any major modification to the FSTD, relocation of the FSTD or other changes).

No application is necessary to renew an existing qualification (recurrent) where no fundamental changes have occurred.

Incorrect or incomplete applications may not be processed.

Send the form to ILTDocumentManagement@ilent.nl or send to Inspectie Leefomgeving en Transport / Luchtvaart P.O. Box 16191, 2500 BD Den Haag

More information

088 489 00 00 | www.ilent.nl

1 Details applicant

- 1.1 Name applicant
- 1.2 KvK number
(Chamber of Commerce)
- 1.3 Registered business address
- 1.4 Postal code and place
- 1.5 Country
- 1.6 Name contact person
(responsible for this application) Mr. Ms.
- 1.7 Job title contact person
- 1.8 Telephone number and e-mail
address contact person

- > - Applicant needs to have his principal place of business in The Netherlands.
- Trade name as registered by the Chamber of Commerce.

2 Device location

- 2.1 Device location address Same as in section 1.2, 1.3 and 1.4 (continue with section 3)
 Other (please specify below)
- 2.2 Address
- 2.3 Postal code and place
- 2.4 Country

3 Identification of activity

- 3.1 Qualification Initial FSTD qualification
- 3.2 Evaluation FSTD to be considered for extended evaluation period

Application

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Inspectie Leefomgeving en Transport
Ministerie van Infrastructuur and Water Management

3.3 Changes to a qualified FSTD

FSTD modification

Change of qualification level

FSTD relocation

Re-issuance of an FSTD qualification certificate

FSTD Deactivation

FSTD Activation

Change of operator

- > - A minimum of three (3) months notice is required before any evaluation may be conducted. However, the qualification test guide (QTG) may be submitted later, but no less than 30 days before the date of intended evaluation.
- Prior to the evaluation, the organisation operating the FSTD and the device shall be in compliance with all applicable requirements.
- The device to be qualified must be available to the evaluation team on the agreed date, and for the timeframe.

4 FSTD Details

Type of simulated aircraft. (If the device can simulate more than one aircraft type, please submit a separate application for each of them).

4.1 Model (Type of aircraft)

4.2 Variant(s)

Single Dual Three or more

4.3 List of variants

4.4 Nr of engine configurations

Single Dual Three or more

4.5 List of engine type/models

Type of simulated generic aircraft (If the device simulates a class of aeroplane or type of helicopter please submit a separate application for each of them)

4.6 Model (class of aeroplane or type of helicopter)

Device information

4.7 FSTD manufacturer

4.8 FSTD serial number

4.9 Multi type

Yes No

4.10 Year of entry into service (mm/yyyy)

Visual system (If applicable)

4.11 Collimated system

Yes No

4.12 Field Of View

4.13 Display manufacturer

4.14 Technology

4.15 Image generator (IG) manufacturer

4.16 IG Model

Motion system. (To be completed only in the case of devices fitted with a motion system).

4.17 Motion manufacturer

4.18 Motion model

4.19 Motion technology and Degrees of Freedom

4.20 Other features

Previous qualification (To be completed for devices already holding a valid EASA or Member State qualification certificate).

- 4.21 Certificate FSTD ID # _____
- 4.22 Issued by _____
- 4.23 Qualification level and Primary Reference Document _____
- 4.24 Date of last evaluation (dd/mm/yyyy) _____
- 4.25 FSTD under extended evaluation period programme _____
- 4.26 Nature of FSTD modification (To be completed only in the case of changes to the qualified FSTD). _____

Level of qualification

- 4.27 Aeroplane
- BITD
- FNPT I FNPT II FNPT II MCC
- FTD I FTD II
- FFS A FFS B FFS C FFS D
- 4.28 Rotorcraft
- FNPT I FNPT II FNPT III FNPT III MCC
- FTD I FTD II FTD III
- FFS A FFS B FFS C FFS D

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Contact person for evaluation purposes (if different from 1.5)

- 5.1 Name contact person _____ Mr. Ms.
- 5.2 Job title contact person _____
- 5.3 Telephone number and e-mail address contact person _____

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Proposed dates

- 6.1 Requested evaluation start date _____
- 6.2 Qualification Test Guide (QTG) submission date (if applicable). For an initial qualification MQTG submission date at least 30 days prior to requested evaluation date _____
- 6.3 Intended Ready For Training (RFT) date (If applicable) _____

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Additional comments

- 7.1 Additional features, capabilities or special equipment not covered in previous sections, or Any other information considered to be relevant to be able to complete the requested activity

8 Applicant's declaration

I declare that all information provided in this application form is correct and complete.
I have understood that I am submitting an application for which fees or changes may be levied by ILT.

8.1 Name

8.2 Place and date

8.3 4.2 Signature applicant
