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| **Data protection:** Personal data included in this application is processed by EASA pursuant to Regulation (EC) No 45/2001 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data. It will be processed solely for the purposes of the performance, management and follow‑up of the Application by the Agency, without prejudice to possible transmission to internal audit services, to the Court of Auditors, to the European Anti-Fraud Office (OLAF) for the purposes of safeguarding the financial interests of the European Union. The Applicant shall have the right of access to his personal data and the right to rectify any such data that is inaccurate or incomplete. Should the Applicant have any queries concerning the processing of his personal data, he shall address them to the Agency at the following address: dpo [at] easa.europa.eu. The Applicant shall have right of recourse at any time to the European Data Protection Supervisor. |
| Applicant’s Reference  |
| Your Reference | Please provide a brief, unique identifier that we will use to refer to your application |
| Applicant Address and Contact Data |
| Applicant Data |
| Name and Address (registered (business) name and address/legal seat of the company) | Applicant Number | **3XXXXX** |
| (Company) Name |  |
| Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |
| Contact Person (responsible for this application) | Title | [ ]  Mr [ ]  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone/Fax |  |
| Email |  |
| Device Location (may be left blank, if same as 2.1 Applicant Data) |
| Device Location Address  | (Company) Name |  |
| Street / Nr |  |
| Post Code |  |
| City |  |
| Country |  |

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| Billing Data (may be left blank, if same as 2.1 Applicant Data) |
| Billing Address (For the receipt of EASA Fees and Charges Invoices. EASA invoices are issued via post-mail to the address provided here.) | (Company) Name | Same as in section 2.1.1 (other name only in exceptional cases) |
| Street / Nr |  |
| PO Box |  |
| Post Code |  |
| City |  |
| Country |  |
| Contact Person (Responsible for ensuring the EASA terms of payment are honoured. An electronic invoice copy will be issued to the email address indicated here.) | Title | [ ]  Mr [ ]  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone |  |
| Email |  |
| Shipping Data (may be left blank, if same as 2.1 Applicant Data) |
| Certificate Delivery Address (for the shipping of original EASA documents) | (Company) Name |  |
| Street/Nr |  |
| PO Box |  |
| Post Code |  |
| City |  |
| Country |  |
| Contact Person (Shipping ) | Title | [ ]  Mr [ ]  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone |  |
| Email |  |

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| Identification of activity |
| Audit of Management System/Compliance Monitoring System | 3.1.1  | [ ]  Initial audit | **Note:** In case 3.1, please continue with section 5.Applications for 3.1 and (3.2 or 3.3 or 3.4) **cannot be combined**. Please submit two separate applications |
| 3.1.2  | [ ]  Recurrent audit |
| Qualification | 3.2.1  | [ ]  Initial FSTD qualification |
| Evaluation | 3.3.1 | [ ]  Recurrent FSTD evaluation |
| 3.3.2 | [ ]  FSTD to be considered for Extended Evaluation Programme (EEP) |
| Changes to a qualified FSTD | 3.4.1 | [ ]  FSTD modification ( → please also see Annex I)  |
| 3.4.2 | [ ]  Change of qualification level |
| 3.4.3 | [ ]  FSTD relocation |
| 3.4.4 | [ ]  Re-issuance of an FSTD qualification certificate |
| 3.4.5 | [ ]  FSTD de-activation |
| 3.4.6 | [ ]  FSTD qualification certificate surrender |
| ANNEX I: FSTD MODIFICATION | In compliance with ***COMMISSION REGULATION (EU) No 290/2012 of 30 March 2012 ORA.FSTD.110 Modifications***, this form shall be used by Flight Simulation Training Device operators to inform the Agency in advance of modifications of the FSTD hardware and software. | **ANNEX I****Please double-click to open Annex I** |
| 1. A minimum of three (3) months’ notice is required before any evaluation or audit may be conducted.
2. In case of an initial Management System/CMS audit:
* The documentation has to be sent to EASA to start the project, please refer to section 6;
* The audit will take place at least one month before any FSTD evaluation may be conducted.
1. Prior to the evaluation, the organisation operating the FSTD and the device shall be in compliance with all applicable requirements.
2. The device to be qualified must be available to the evaluation team on the agreed date, and for the necessary timeframe.
3. This application has a validity of 12 months from the date it is received by EASA.
 |
| FSTD Details |
| Type of simulated aircraftIf the device can simulate more than one aircraft type or variant, please submit a separate application for each them. | Model (Type of aircraft and variant) |  |
| Activity combined with an OEB/OSD activity |  [ ]  No [ ]  Yes |
| List of different engine fit |  |
| List of different equipment fit |  |
| Type of simulated generic aircraftIf the device simulates more than one class of aeroplane or type of helicopter please submit a separate application for each of them | Model (class or aeroplane or type of helicopter) |  |

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| Device information | FSTD manufacturer |  |
| FSTD serial number |  |
| Multi type | [ ]  Yes  | [ ]  No |
| Date of entry into service (mm/yyyy) |  |
| Date of first EASA (or Member States) qualification (mm/yyyy) |  |
| Operator Management System/CMS audit performed on-site by EASA. | [ ]  Yes  | Date: |
| [ ]  No |
| Visual system(If applicable) | Collimated system | [ ]  Yes  | [ ]  No |
| Field Of View | *Horizontal x Vertical in degrees* |
| Display manufacturer |  |
| Technology | *(CRT, LCoS, DLP, Laser, monitors, etc.)* |
| Image generator (IG) manufacturer |  |
| IG Model |  |
| Motion systemTo be completed only in the case of devices fitted with a motion system, motion seats, vibration platform, etc. | Motion manufacturer |  |
| Motion model |  |
| Motion technology and Degrees of Freedom  | *e.g. hydraulic, electric, etc.* |
| Other features | *e.g. motion seats, vibration platform, etc.* |
| Previous qualificationTo be completed for devices already holding a valid EASA qualification certificate. | Certificate FSTD ID # |  |
| Previous EASA Project # |  |
| Qualification level and Primary Reference Document  |  |
| Date of last evaluation (dd/mm/yyyy) |  |
| FSTD under Extended Evaluation Programme (EEP) | [ ]  No[ ]  Yes: Date of last on-site evaluation: dd/mm/yyyy |
| Nature of FSTD modificationA brief summary to be inserted **only in the case** of changes to the qualified FSTD. The annex I available at the end of this document must be completed. |  |

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| Level of qualification Please refer to the Completion Instruction section at the end of the form to ensure the right information is provided | **Aeroplane** | **Rotorcraft** |
| **BITD** | [ ]  |  |
| **FNPT** | [ ]  | I | **FNPT** | [ ]  | I |
| [ ]  | II | [ ]  | II |
|  | [ ]  | III  |
| [ ]  | + MCC | [ ]  | + MCC |
| **FTD** | [ ]  | I | **FTD** | [ ]  | I |
| [ ]  | II | [ ]  | II |
|  | [ ]  | III  |
| **FFS** | [ ]  | A | **FFS** | [ ]  | A |
| [ ]  | B | [ ]  | B |
| [ ]  | C | [ ]  | C |
| [ ]  | D | [ ]  | D |
| Grandfather rights [ ]  No [ ]  Yes | Grandfather rights [ ]  No [ ]  Yes |
| Contact person for evaluation purposes(if different from 1.1.4) | Title | [ ]  Mr [ ]  Ms |
| Name |  |
| First name |  |
| Job title |  |
| Phone |  |
| Email |  |
| Dates (dd/mm/yyyy) |
| Requested Management System/CMS audit dates OR FSTD evaluation start date |  |
| Qualification Test Guide (QTG) submission date (Required for initial evaluation) |  |
| Intended Ready For Training (RFT) date (If applicable) |  |

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| Documents and manuals to be submitted with application (as applicable) |
| For initial audit of Compliance Monitoring System (CMS):[ ]  Compliance Monitoring System (CMS) documentation[ ]  Completed GM2 ORA.FSTD.100 (Compliance Monitoring – assessment for organisations operating FSTDs) | [ ]  FSTD Modification Annex I[ ]  Surrendered certificate documentation (all previously issued revisions)[ ]  FSTD De-activation supporting documentation |
| Additional comments(Additional features, capabilities or special equipment not covered in section 4, or any other information considered to be relevant to be able to complete the requested activity.) |
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| Financial Estimate Request |
| **[ ]**  I hereby request EASA to provide a financial estimate for the estimated total charges related to this application. EASA is to continue the processing of this application only after the financial estimate has been accepted.I am aware that the provision of a financial estimate will lead to a delayed project start. |
| Applicant’s declaration and acceptance of the General Conditions and Terms of Payment |
| I declare that I have the legal capacity to submit this application to EASA and 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 charges will be levied by EASA in accordance with Commission Regulation (EU) on the fees and charges levied by the European Aviation Safety Agency, as last amended and available from http://easa.europa.eu/ > Regulations > Fees & Charges.I acknowledge that I have read and understood the Agency’s Terms of Payment (see http://easa.europa.eu/> the Agency > FAQs > Fees & Charges > Terms of Payment) and agree to abide by them. I declare to be aware that fees or charges, as well as all relevant travel costs must be paid whether or not the application is successful and that they might not be refundable. Moreover, I declare that I am aware of the consequences of non-payment. |
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| Date/Location | Name | Signature |
| This Application should be sent by fax, e-mail or regular mail to:  **European Aviation Safety Agency**  Certification and Approval Support Department Postfach 10 12 53 D-50452 Köln Germany Fax: +49 – (0)221 - 89990 ext. 4461 E-mail: anp.organisation@easa.europa.eu | **Completion Instructions**Please double-click on the icon to access the completion instructions |