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| **Data protection:** Personal data included in this application is processed by EASA pursuant to Regulation (EU) No 2018/1725 on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies 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 Union 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 Union Data Protection Supervisor. |

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| 1 Your Reference | Please provide a brief and unique identifier that we will use to refer to your application |

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| 2 Applicant Address and Contact Data | | | | | |
| 2.1 Applicant Data | | | | | |
| 2.1.1 Name and Address(registered (business) name and address/legal seat of the company) | Account Number | **3XXXXX** | | | |
| (Company) Name |  | | | |
| Street / Nr |  | | | |
| Post Code |  | | City |  |
| Country |  | | | |
| 2.1.2 Accountable Manager(responsible for ensuring the EASA terms of payment are honoured) | Name / First name | Mr  Ms |  | | |
| Job title |  | | | |
| Phone / email |  | | | |
| 2.1.3 Compliance Manager(responsible for FSTD operation) | Name / First name | Mr  Ms |  | | |
| Job title |  | | | |
| Phone / email |  | | | |
| 2.1.4 Compliance Monitoring Manager | Name / First name | Mr  Ms |  | | |
| Job title |  | | | |
| Phone / email |  | | | |
| 2.1.5 Safety Manager | Name / First name | Mr  Ms |  | | |
| Job title |  | | | |
| Phone / email |  | | | |
| 2.1.6 Information Security Manager | Name / First name | Mr  Ms |  | | |
| Job title |  | | | |
| Phone / email |  | | | |
| **Important Note:** First time applicants need to submit a copy of the company’s **Business Registration** or similar legal document stating name and seat of the company together with the application. | | | | | |
| 2.2 PPoB (Principal Place of Business) / Device Location (may be left blank, if same as 2.1 Applicant Data) | | | | | |
| 2.2.1 PPoB Address | (Company) Name |  | | | |
| Street / Nr |  | | | |
| Post Code |  | | City |  |
| Country |  | | | |
| 2.2.2 Device Location Address | (Company) Name |  | | | |
| Street / Nr |  | | | |
| Post Code |  | | City |  |
| Country |  | | | |
| 2.3 Billing Data (may be left blank, if same as 2.1 Applicant Data) | | | | | |
| 2.3.1 Billing Address(EASA Fees and Charges Invoices will state the address entered here.) | (Company) Name | Same as in section 2.1.1 | | | |
| Street / Nr |  | | | |
| PO Box |  | | | |
| Post Code |  | | City |  |
| Country |  | | | |
| 2.3.2 Contact Person(The electronic invoice(s) will be issued to the email address indicated here.) | Name / First name | Mr  Ms |  | | |
| Job title |  | | | |
| Phone / email | / generic email address, if available, e.g. accounting@company.com | | | |

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| 3 Identification of activity | | |
| 3.1 FSTDO | Initial verification of the management system / new location – Proceed to 5 | Application forms for 3.1 and 3.2 **cannot be combined**. Please submit two separate applications. |
| 3.2 FSTD | Initial qualification / initial issuance of certificate based on other EU certificate |
| 1. A minimum of three (3) months’ notice is required before any evaluation or audit may be conducted. The on-site activities are dependent on the availability of EASA teams, the compliance demonstration of the FSTDO/FSTD and is discussed with the operator during the kick off meeting. 2. In case of an initial verification of the management system compliance of an organisation:  * The documentation must be sent to EASA to start the project, please refer to section 6; * The onsite activities will take place only when:   + the organisation has demonstrated having sufficient qualified personnel;   + the demonstration of compliance has been proven by the applicant through their documentation.  1. Prior to the onsite evaluation, the FSTDO 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. | | |

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| 4 FSTD Details | | | | | | |
| 4.1 Type of simulated aircraft(If the device can simulate more than one aircraft type or variant, please submit a separate application for each of them.) | Model (Type of aircraft and variant) | |  | | | |
| Number of equipment fit configuration | | 1  2  3 or more | | | |
| List equipment fit configuration | |  | | | |
| Number of engine fit configuration | | 1  2  3 or more | | | |
| List of engine fit configuration | |  | | | |
| Activity combined with an OEB/OSD activity | | No  Yes | | | |
| **4.2** **Class of aeroplane / type of helicopter** (for replicating devices, i.e. FNPT)  (If the device simulates more than one please submit a separate application for each of them.) | Model (class of replicated aeroplane or type of helicopter) | | Single engine piston or equivalent  Multi engine piston or equivalent  Single / multi engine turboprop or turbofan or equivalent  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **4.3 Level of qualification**  (Please refer to the Completion Instruction section at the end of the form to ensure the right information is provided.) | **Aeroplane / CS-FSTD(A)** | | **Helicopter / CS-FSTD(H)** | | | |
| **Other PRD (please specify):**  *Only in case of initial issuance of certificate based on other EU certificate* | | | | | |
| **BITD** |  | | | | |
| **FNPT** | I | II | | III | +MCC |
| **FTD** | 1 | 2 | | 3 | |
| **FFS** | A | B | | C | D |
| 4.4 Device information | Device manufacturer | |  | | | |
| Platform serial number | |  | | | |
| Number of FSTD hosted by the platform | | 1  2  3 or more | | | |
| Date of entry into service (mm/yyyy) | |  | | | |
| The FSTD is already holding a European Union qualification certificate | | No  Yes  FSTD ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| FSTDO compliance to EU rules verified by EASA.  Last onsite surveillance audit | | No | Yes | | |
| Date : Click or tap to enter a date. | | | |
| 4.5 Visual system(If applicable) | Collimated system | | No | Yes | | |
| Field of view | | *Horizontal x Vertical in degrees* | | | |
| Display manufacturer | |  | | | |
| Technology | | *(CRT, LCoS, DLP, LCoS-Laser, DLP-LED, etc.)* | | | |
| Image generator (IG) manufacturer | |  | | | |
| IG Model | |  | | | |
| 4.6 Motion system(If applicable. To 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.* | | | |

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| 5 Dates (dd/mm/yyyy) | |
| 5.1 Requested Management System audit dates OR device evaluation start date | Click or tap to enter a date. |
| 5.2 Qualification Test Guide (QTG) submission date to EASA | Click or tap to enter a date. |
| 5.3 Intended Ready For Training (RFT) date | Click or tap to enter a date. |

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| 6 Documents and manuals to be submitted with application (as applicable) |
| For initial verification of Management System or new device location:  Management System documentation  Certificate of Incorporation  For initial issuance of certificate based on other EU certificate  Initial documentation according to ORA.FSTD.240  The last 2 years evaluation reports |
| 7 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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| 8 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 Implementing Regulation (EU) on the fees and charges levied by the European Union 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 > Frequently Asked Questions > Fees & Charges > Downloads > Terms of Payment) and agree to abide by them.  I declare that I am 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. For travel cost estimates a calculator is available here: <http://easa.europa.eu/travel-cost-estimate-calculator>  I declare that I am aware of the consequences of non-payment. | | |
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| Date/Location | Name | Signature of the Accountable Manager |
| **Important Note:** EASA cannot accept applications without signature. Please make sure that you sign the application. | | |
| This Application should be sent by e-mail to:  [applicant.services@easa.europa.eu](mailto:applicant.services@easa.europa.eu) | | **Completion Instructions**    Please double-click on the icon to access the completion instructions |