



APPLICATION FOR FSTD USER APPROVAL

Initial Approval

Renewal

Operator Details			
Operator Name		Application Date	
AOC #			
Contact Person			
Phone Number			
Fax Number		email	
Section One Training Devise			
Current/Previous user Approval Expiry date (for initial application state:- Not Applicable for Initial Application)			
For initial only state first date of planning training			
TRTO Approval Certificate			
Location			
Aircraft type represented			
Engine Type(s)			
FSTD Approval Level			
Qualification valid until (Attached current Certification Qualification)			
Section Two : Training, Checking and Testing Considerations			
Training, checking and testing considerations and credit requested for the following uses , in accordance with approved sully bi outlined on approved OM - D			
Check FSTD specification – (tick as appropriate)			FSTD approved
			YES NO
Type Rating Training			
OPS training			
LPC/OPC			
Recent Experience (3TO & Land 90 days)			
CAT 11, CAT 111 A, CAT111B, CAT111 C (select as applicable)			
Insert Lowest RVR for Take-Off (---- m)			
Auto-Land/Roll out Guidance			
Wind Shear			
<input type="checkbox"/> GPWS , <input type="checkbox"/> EGPWS (select as applicable)			
TCAS/ACAS			
HUD			
CPDLC			
PBN Operations-please specify			
ZFTT(level D)			



Other specify		
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SECTION THREE:- DECLARATION

I hereby Declare by that information contained within this application form and other requirement attachments are verified correct

Nominated Training Manager Post holder Name

Signature

SECTION FOUR

FOR BCAA USE ONLY

APPLICATION RECEIVED	DATE	
ATTACHMENTS REVIEWED	DATE	
USER APPROVAL ISSUED	DATE	

Recommendation ACCEPTED NOT ACCEPTED

REMARKS

FOI Name :-

Signature

DATE