



**APPLICATION FOR INSPECTION OF AIRCRAFT
TRAINING ORGANIZATION (ATO) / FLIGHT SIMULATOR
TRAINING DEVICE (FSTD)**

1. TRAINING ORGANIZATION /CENTER	
a) Name of Training Organization/Center	a)
b) Address	b)
c) Name and Designation of the Contact Person	c)
d) Telephone and Fax No's:	d)
2. FLIGHT SIMULATOR TRAINING DEVICE	
a) Simulator Type (aircraft type representative)	a)
b) Simulator Level	b)
c) EASA/FAA and Operator's ID Nos.	c)
d) Location	d)
3. APPROVAL DOCUMENTS (Attach Copies)	
a) Training Organization/Center Approval	a)
b) Simulator Approval, Qualification Certificate & Training Courses approval	b)
4. INSPECTION by BCAA	
a) Proposed Date(s) for the Inspection (to be filled by ATO)	a)
<p>We propose to include and utilize the above-mentioned Aircraft Training Organization and/or* flight simulator/training device for flight crew training. . I/We apply for the inspection of the above by the CAA. We undertake to ensure bi-annual audit/inspection of the Training Organization/Centre. We undertake to bear all expenses required for the audit/inspection by the CAA Inspector(s) for their travel in appropriate class, accommodation and allowances for that purpose.</p> <p>Signature _____ Date _____</p> <p>_____ Position Held _____</p> <p>Name (Block Letters)</p> <p><i>*Delete which is not applicable.</i></p>	