



## 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