Request for Evaluation

(Initial, Upgrade, Reinstatement, or Relocation Only)

Email this completed request to the [National Simulator Program](mailto:9-ASO-AFS205-NSP-SIMULATOR-SCHEDULING@faa.gov?subject=FSTD%20Evaluation%20Request)

# **Sponsor & Evaluation Information**

| Information Required | Information Provided |
| --- | --- |
| Sponsor Company Name | **Enter name of sponsor company** |
| FAA Training Certificate Number | **Enter certificate number or expected date of program approval** |
| Type of Evaluation | **Enter either: Initial, Upgrade, Reinstatement, or Relocation** |
| FSTD Level Sought | **Enter one of the following: 4, 5, 6, 7, A, B, C, D** |
| Proposed Evaluation Date | **Enter day, month, year** |
| Sponsorship Status | **Indicate either: existing sponsor or new sponsor** |

# **FSTD Information**

| Information Required | Information Provided |
| --- | --- |
| FSTD Manufacturer | **Enter name of FSTD manufacturer** |
| Aircraft Make, Model, Series | **Enter make, model, and series of the aircraft being simulated** |
| FAA ID Number | **Enter FAA identification number if FSTD was previously qualified or NA if not previously qualified** |
| TPAA Name and Contact Information | **Enter name, email, and phone of your FAA Training Program Approval Authority** |
| FSTD Location | **Enter physical address where the FSTD will be located** |
| MR Name and Contact Information | **Enter name, email, and phone of the Management Representative (see 14 CFR Part 60, paragraph 60.9)** |
| Applicant Name and Contact Information | **Enter the name, email, and phone of the person completing this request** |
| FSTD Usage | **Indicate whether FSTD to be used in own FAA approved training program or offered for dry-lease only** |
| QTG Tests (for initial & upgrade evals, or where otherwise indicated by the NSP for level 5 and above) | **Indicate whether tests will be run at factory or on-site at training center. See ‘Other Information’ section below** |

# **Additional Comments**

| Information Required | Information Provided |
| --- | --- |
| Additional Comments | **Enter any additional comments associated with this request** |

# **Other Information**

* I have provided a Preliminary Statement of Qualification Configuration List (Form T001A) with this application and have provided a copy to my TPAA.
* A copy of this Request has been provided to my TPAA.
* I will provide my TPAA's concurrence of this request no later than 5 days prior to the proposed evaluation.
* I will provide a Compliance Letter (NSP Form T024) no later than 5 days prior to the proposed evaluation.
* I understand that if all QTG tests are run at the factory, they will be completed and provided to the NSP not later than 45 days prior to the confirmed evaluation date. In addition, a one-third cross section of the QTG tests will be run again, on-site at the training location, and provided not later than 14 days prior to the confirmed evaluation date.
* I understand that if all QTG tests are run at training location, those test will be completed and the results provided to the NSP not later than 30 days prior to the proposed evaluation date.
* I understand that if I am a new sponsor I must submit a Simulator Quality Management System (SQMS) for approval 120 days prior to the initial FSTD evaluation in accordance with 14 CFR Part 60, paragraph 60.5 and Appendix E.

Signature

Printed name

Enclosure: Preliminary Statement of Qualification Configuration List

cc: Local FAA-TPAA

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