



Civil Aviation Authority - Sultanate of Oman
Flight Safety Department - Personnel Licensing Section
Flight Synthetic Training Device (FSTD) Initial Qualification Application
 Except Basic Instrument Training Device (BITD)

FOR APPLICANR USE

Part A

To be submitted not less than **3 months** prior to requested qualification date

1. FSTD Operator Details. The Applicant requests the evaluation of its flight simulation training device.

• FSTD Operator Name			
• FSTD Identification			
• FSTD Manufacturer Name			
• FSTD Visual System			
• Visual System Manufacturer Name			
• Compliance Monitoring Manager	Name	Phone	Email

2. FSTD Type Details.

Type of FSTD	Aircraft Type/class	Qualification Level Sought				
Full Flight Simulator (FFS)		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	Sp./Cat
Flight Training Device (FTD)		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	-	-
Flight and Navigation Procedures Trainer (FNPT)		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> II MCC	<input type="checkbox"/> III MCC

3. FSTD Evaluation Details. The evaluation is requested for the following configurations and engine fits.

Configurations	Engine Fits
•	
•	
•	
•	
•	

• Requested Evaluation Date	
• FSTD Location	
• *QTG Objective Tests Submitted Date	

*The objective tests of the QTG shall be submitted not less than **30 days** before the requested evaluation date unless otherwise agreed with the CAA

4. FSTD Operator Signature.

Name	Position	Signature	Date



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Part B

To be completed with attached QTG results

1. FSTD Operator Details. The Applicant requests the evaluation of its flight simulation training device.

• FSTD Operator Name			
• FSTD Identification			
• FSTD Manufacturer Name			
• FSTD Visual System			
• Visual System Manufacturer Name			
• Compliance Monitoring Manager	Name	Phone	Email

2. FSTD Operator Declaration. We have completed tests of the FSTD and declare that it meets all applicable requirements except as noted below.

*The following QTG tests still have to be provided:

Test	Comments
•	
•	
•	
•	
•	
•	
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•	
•	
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*It is expected that they will be completed and submitted **3 weeks** prior to the evaluation date

3. FSTD Operator Signature.

Name	Position	Signature	Date



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Part C

To be completed not less than **7 days** prior to initial evaluation

1. FSTD Operator Details. The Applicant requests the evaluation of its flight simulation training device.

• FSTD Operator Name			
• FSTD Identification			
• FSTD Manufacturer Name			
• FSTD Visual System			
• Visual System Manufacturer Name			
• Compliance Monitoring Manager	Name	Phone	Email

2. FSTD Evaluation Team. The FSTD has been assessed by the following evaluation team:

Name	Title	Qualification

- FFS/FTD.** This team attests that the FSTD conforms to the airplane flight deck/helicopter cockpit configuration of the aircraft, the airplane/helicopter within the requirements of FSTD and level and that the simulated systems and subsystems function equivalently to those in that airplane/helicopter. The pilot of this evaluation team has also assessed the performance and the flying qualities of the FSTD and finds that it represents the designated airplane/helicopter.
- FNPT.** This team attest(s) that the FSTD represents the flight deck or cockpit environment of airplane/helicopter or class of airplane/type of helicopter within the requirements of the FSTD and level and that the simulated systems appear to function as in the class of airplane/type of helicopter. The pilot of this evaluation team has also assessed the performance and the flying qualities of the FSTD and finds that it represents the designated class of airplane/type of helicopter.

3. FSTD Operator Signature.

Name	Position	Signature	Date



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Part D.
Flight Synthetic Training Device (FSTD) Initial Qualification

1. FSTD Initial Qualification Requirements.

Requirements	Result	
	SAT	USAT
• The FSTD was evaluated against the technical standard required by CAR ORA		

2. FSTD Initial Qualification Conditions/Limitations.

• The FSTD continued compliance with the technical standard required by CAR ORA

3. FSTD Initial Qualification.

Type of FSTD	FSTD Identification	Qualification Level				Sp./Cat
		A	B	C	D	
Full Flight Simulator (FFS)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flight Training Device (FTD)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	-
Flight and Navigation Procedures Trainer (FNPT)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector Name	Signature	Date