



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

**FOR APPLICANT USE**

**Part A**

Note. To be submitted not less than **1 months** prior to requested qualification validation date

**1. FSTD Operator Details.** The Applicant requests the qualification validation of its flight simulation training device.

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

**2. FSTD Type Details.**

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

**3. FSTD Validation Details.** The above FSTD operator requests the evaluation of its Flight Simulation Training Device for:

<input type="checkbox"/> Qualification Revalidation	<input type="checkbox"/> Variation	<input type="checkbox"/> Relocation
• Date requested		

**4. Qualification Test Guide Detail.**

• Number of QTG's run in last year	
• Number of QTG's marginal results.	
• Number of QTG's failures.	
• Number of QTG's not run	

**5. Manuals and Documentation.**

Manual/ Document	Current Issue No	Approved Date
• Operations manual		
• Training manual		
• Quality manual		

**6. Quality System Details.**

• Audits scheduled since last CAA visit	
• Audits completed/in progress since last CAA visit	
• Scheduled audits still to be commenced since last CAA visit	

**7. FSTD Operator Signature.**

Name	Position	Signature	Date



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**Part B.**  
**Flight Synthetic Training Device (FSTD) Qualification Validation**

**1. FSTD Qualification Validation Requirements.**

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

**2. FSTD Qualification Validation Conditions/Limitations.**

• The FSTD continued compliance with the technical standard required by CAR ORA
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**3. FSTD Qualification Validation Approval.**

Type of FSTD	FSTD Identification	Qualification Level				Sp./Cat
Full Flight Simulator (FFS)		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	
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

<input type="checkbox"/> FSTD Qualification Revalidation	<input type="checkbox"/> FSTD Variation	<input type="checkbox"/> FSTD Relocation
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Inspector Name	Signature	Date

Name	Position	Signature	Date