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| **1. Applicant Details** | |
| **Name Applicant:** |  |
| **Name of Simulator Operator:** |  |
| **Address:** |  |
| **Phone:** |  |
| **Fax:** |  |
| **E-mail:** |  |

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| **2. Reason for Submission** | | | | | |
| Initial  Recurrent  Upgrade  Special | | | | | |
| **3. Simulator Details** | | | | | |
| 1. Name of Simulator Manufacturer |  | | | | |
| 1. Type of Simulator |  | | | | |
| 1. Simulator Identification number: |  | | | | |
| **4. Aircraft Type being simulated**  **Aeroplane**  **Helicopter** | | | | | |
| * 1. Model   2. Series |  | | | | |
| **5. Engine** | | | | | |
| * 1. Model   2. Series   3. Revision Date |  | | | | |
| **6. Level of Qualification Requested** | | | | | |
| **EASA FSTD** | **A** | **B** | **C** | **D** |  |
|  | **AG** | **BG** | **CG** | **DG** | **SC** |
| **FAA PART 60** | **A** | **B** | **C** | **D** | **SC** |
| **7. Other Simulator Details** | | | | | |
| 1. Simulator Computer Identification |  | | | | |
| 1. Date of Simulator Manufacture |  | | | | |
| 1. Aerodynamic data revision |  | | | | |
| 1. Flight control data revision |  | | | | |
| 8. Motion system |  | | | | |
| * 1. Type   2. Manufacturer |  | | | | |
| 9. Details of visual system | | | | | |
| 1. Type of Visual 2. Manufacturer |  | | | | |

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| 10. List of all reference source data | |
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| 11. Recording procedures and equipment required for the validation tests (Please attach) | |
|  | |
| 12. Glossary of terms and symbols used (Please attach) | |
|  | |
| 13. Proposed Dates | |
| 1. Proposed Evaluation Date |  |
| 1. Tentative date for submission of QTG |  |
| ***Note: The following to be submitted not later than 30 days prior to proposed evaluation*** | |
| 14. List of outstanding QTG tests (Please attached documents) | |
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| 20. Name and Qualification of Manager (Quality System) | |
| Name: | Qualification; |
| 21. Names & Qualification of Simulator Evaluation team) | |
|  |  |
|  |  |
| 22. No. and Names of Qualified Simulator personnel available. | |
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|  |  |
| 23. Existing CAA Authority/Approval if any. | |
|  | |
| 24. Details of fees remitted | Amount: OMR |
| As per Published by CAA Finance | Cheque No.  Date: |
| The simulator has been assessed by the evaluation team and it conforms to the aircraft cockpit configuration of aircraft type and that the simulated systems and sub-systems function equivalently to those in that helicopter. The team has also assessed the performance and the flying qualities of the simulator and finds that it represents the designated helicopter.  ***Note:*** *To be submitted not later than 7 days prior to proposed evaluation date)* | |
| Name of the Applicant : |  |
| Signature of the Applicant: |  |
| Date: |  |

**Note 1.** For initial qualification testing of flight simulator the Aircraft Manufacturer Validation Flight test data

is preferred. Data from other sources may be used, subject to review and concurrence by the CAA.

**Note 2.** SOCs should refer to the sources of information and show compliance to explain how the referred

material is used, applicable mathematical equations, parameter values, and conclusion reached.

**Note 3.** Qualification in items 21 and ,22, imply the designation of the evaluation team personnel such as

pilot examiner/instructor/ check pilot/ simulator engineer as applicable.