

**Application for  
Initial Activities related to Flight Simulation Training Devices**

<b>1 Applicant's Reference</b>		
<b>1.1 Your Reference</b>		
<b>2 Applicant Address and Contact Data</b>		
<b>2.1 Applicant Data</b>		
<b>2.1.1 Name and Address</b> (registered (business) name and address/legal seat of the FSTD organization)	Approval Ref.	
	Company name	
	Street / Nr	
	Post Code	
	City	
	Country	
<b>2.1.2 Contact Person</b> (responsible for this application)	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	
	First name	
	Job title	
	Phone/Fax	
	Email	
<b>2.2 Device Location</b> (may be left blank, if same as 2.1 Applicant Data)		
<b>2.2.1 Device Location Address</b>	(Company) Name	
	Street / Nr	
	Post Code	
	City	
	Country	
<b>2.2.2 Contact Person</b>	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	
	First name	
	Job title	
	Phone/Fax	
	Email	

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### 2.3 Billing Data (may be left blank, if same as 2.1 Applicant Data)

<b>2.3.1 Billing Address</b> (For the receipt of DCARA Fees and Charges Invoices. DCARA invoices are issued via post-mail to the address provided here.)	(Company) Name	
	Street / Nr	
	PO Box	
	Post Code	
	City	
	Country	
<b>2.3.2 Contact Person</b> (Responsible for ensuring the DCARA terms of payment are honoured. An electronic invoice copy will be issued to the email address indicated here.)	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	
	First name	
	Job title	
	Phone	
	Email	

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<b>3 Identification of activity</b>		
<b>3.1 Audit of Management System/Compliance Monitoring System</b>	<input type="checkbox"/> Initial audit / new location – <u>Proceed to 5</u>	Application forms for 3.1 and 3.2 <b>cannot be combined</b> . Please submit two separate applications.
<b>3.2 FSTD Qualification</b>	<input type="checkbox"/> Initial FSTD qualification	
a) A minimum of three (3) months' notice is required before any evaluation or audit may be conducted. b) In case of an initial Management System/CMS audit: <ul style="list-style-type: none"> <li>- The documentation must be sent to DCARA to start the project, please refer to section 6;</li> <li>- The audit will take place at least one month before any FSTD evaluation may be conducted.</li> </ul> c) Prior to the evaluation, the organisation operating the FSTD and the device must be in compliance with all applicable requirements. d) The device to be qualified must be available to the evaluation team on the agreed date, and for the necessary timeframe. e) This application has a validity of 12 months from the date it is received by DCARA		
<b>4 FSTD Details</b>		
<b>4.1 Type of simulated aircraft</b>  If the device can simulate more than one aircraft type or variant, please submit a separate application for each of them.	Model (Type of aircraft and variant)	
	List of different equipment fit	
	List of alternate engine options	
	Activity combined with an OEB/OSD activity	<input type="checkbox"/> No <span style="margin-left: 100px;"><input type="checkbox"/> Yes</span>
<b>4.2 Type of simulated generic aircraft</b>  If the device simulates more than one class of aeroplane or type of helicopter, please submit a separate application for each of them.	Model (class of aeroplane or type of helicopter)	
<b>4.3 Device information</b>	FSTD manufacturer	
	FSTD serial number	
	Multi type	<input type="checkbox"/> Yes <span style="margin-left: 20px;"><input type="checkbox"/> No</span>
	Date of entry into service (mm/yyyy)	
	Operator Management System/CMS audit performed on-site by DCARA	<input type="checkbox"/> Yes <span style="margin-left: 20px;">Date:</span> <input type="checkbox"/> No

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<b>4.4 Visual system</b> (If applicable)	Collimated system	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Field of view				
	Display manufacturer				
	Technology				
	Image generator (IG) manufacturer				
	IG Model				
<b>4.5 Motion system</b> To be completed only in the case of devices fitted with a motion system, motion seats, vibration platform, etc.	Motion manufacturer				
	Motion model				
	Motion technology and degrees of freedom				
	Other features				
<b>4.6 Level of qualification</b>	<input type="checkbox"/> <b>Aeroplane / CS-FSTD(A)</b>		<input type="checkbox"/> <b>Helicopter / CS-FSTD(H)</b>		
	<b>BITD</b>	<input type="checkbox"/>			
	<b>FNPT</b>	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> +MCC
	<b>FTD</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
	<b>FFS</b>	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
<b>5 Dates (dd/mm/yyyy)</b>					
<b>5.1 Requested Management System/CMS audit dates <u>OR</u> FSTD evaluation start date</b>					
<b>5.2 Qualification Test Guide (QTG) submission date to DCARA</b>					
<b>5.3 Intended Ready for Training (RFT) date</b>					

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### 6 Documents and manuals to be submitted with application (as applicable)

For FSTD initial applications:

Relevant documentation submitted with this application

For initial audit of Compliance Monitoring System (CMS):

Compliance Monitoring System (CMS) documentation

Completed GM2 ORA.FSTD.100 (Compliance Monitoring assessment for organisations operating FSTDs)

### 7 Additional comments

(Additional features, capabilities or special equipment not covered in section 4, or any other information considered to be relevant to be able to complete the requested activity.)

### 8 Applicant's declaration and acceptance of the General Conditions and Terms of Payment

- I declare that I have the legal capacity to submit this application to the Danish Civil Aviation and Railway Authority and that all information provided in this application form is correct and complete.

Date/Location

Name

Signature

This Application should be sent by e-mail or regular mail to:

**Danish Civil Aviation and Railway Authority**

Carsten Niebuhrs Gade 43

DK-1577 Copenhagen V

E-mail: [fstd@trafikstyrelsen.dk](mailto:fstd@trafikstyrelsen.dk)