

Application for Approval to Use a Qualified Flight Simulation Training Device (FSTD)

Submit application to:

CROATIAN CIVIL AVIATION AGENCY
Flight Operations and Training Department
Ulica grada Vukovara 284, 10000 Zagreb

APPLICANT'S INFORMATION	
Applicant's name	
Applicant's address	
Applicant's identification number (OIB)	
Applicant's contact (Phone , E-mail)	
APPLICANT'S LEGAL REPRESENTATIVE INFORMATION	
Name and surname	
Address ¹	
Personal identification number (OIB)	
Contact (Phone, E-mail)	

¹ Fill in case of representation by power of attorney.

FSTD Qualification <i>(Tick whichever is required)</i>	CCAA Qualified	<input type="checkbox"/>	
	Other EASA NAA qualified Mutual Recognition <i>(by CCAA)</i>	<input type="checkbox"/>	
	Non EASA qualified <i>(other Overseas)</i>	<input type="checkbox"/>	
FSTD Type aeroplanes <i>(Tick whichever is required)</i>	Full Flight Simulator (FFS)	<input type="checkbox"/>	Flight Training Device (FTD) <input type="checkbox"/>
	Flight and navigation procedures trainer (FNPT)	<input type="checkbox"/>	Basic instrument training device (BITD) <input type="checkbox"/>
FSTD Type helicopters <i>(Tick whichever is required)</i>	Full Flight Simulator (FFS)	<input type="checkbox"/>	Flight Training Device (FTD) <input type="checkbox"/>
	Flight and navigation procedures trainer (FNPT)	<input type="checkbox"/>	
FSTD Code & Qualification Level	CAA		
	Other ID Code		
	FSTD Qualification Level		

- a) Application must be submitted a minimum of 30 days before intended FSTD use.
- b) Validity of User Approval will be dependent upon the continued qualification of the STD to the qualification level specified, and the regular update of the Navigation Database.

- c) Any application to use a Qualified FSTD must be accompanied by evidence of the qualification and FSTD ID No., together with:
1. a copy of the latest evaluation report and Aircraft vs FSTD configuration differences list (FOD-FRM-056);
 2. relevant revision of operations manual; and
 3. any other key information regarding the FSTD.

CCAA will evaluate the differences comparing aircraft vs FSTD documentation (AFM, Type Certificate, STCs... vs FSTD Evaluation report, QTGs...) and to assess the means of operator's compliance with the differences. The data stated in the Aircraft vs FSTD configuration differences list (FOD-FRM-056) remain strictly operator's responsibility.

- d) A Croatian CAA Inspector may be required to visit a FSTD prior or during one of your training and checking sessions to evaluate the device for training, testing and checking purposes only. In case that CCAA inspector determines incorrect data during FSTD visit, the user approval may be revoked and all trainings and checking conducted on that FSTD, invalidated.

- e) The FSTD Operator is the organisation to which the Qualification Certificate has been issued.

Section 1 FSTD Details	
Aircraft Type	
Location	
FSTD Operator	

Section 2 FSTD User			
Company Name			
Address			
Contact		Position within the Company	
Telephone		Fax:	
e-mail		Mobile:	

Section 3 Required Information			
3.1 For what purposes do you require the Approval? (<i>Only the ticked items will be considered for the User Approval evaluation</i>)			
a) SPA.LVO.100(b): Lower than standard CAT I	RVR:	DH:	<input type="checkbox"/>
b) SPA.LVO.100(d): Other than standard CAT II	RVR:	DH:	<input type="checkbox"/>
c) SPA.LVO.100(c): CAT II	RVR:	DH:	<input type="checkbox"/>
d) SPA.LVO.100(e): CAT III	RVR:	DH:	<input type="checkbox"/>
e) SPA.LVO.100(a): LVTO	RVR:		<input type="checkbox"/>
f) ORO.FC.120: Operator Conversion Training			<input type="checkbox"/>
g) ORO.FC.125: Differences and familiarisation training			<input type="checkbox"/>
h) ORO.FC.205: Command course			<input type="checkbox"/>
i) ORO.FC.130: Recurrent Training and Checking (OPC)			<input type="checkbox"/>
j) ORO.FC.135: Either seat qualification			<input type="checkbox"/>

k) FCL.060: Recent experience		<input type="checkbox"/>
l) ORO.FC.105: Category C Aerodrome competence:	Apt:	<input type="checkbox"/>
m) ORO.FC.A.245: Alternative training and qualification programme (ATQP)		<input type="checkbox"/>
n) ORO.FC.220: ZFTT(in accordance with the company's ATO Approval)		<input type="checkbox"/>
o) ORO.FC.230: RNP APCH LNAV		<input type="checkbox"/>
p) ORO.FC.230: RNP APCH LNAV/VNAV		<input type="checkbox"/>
r) ORO.FC.230: RNP APCH LPV		<input type="checkbox"/>
s) ORO.FC.230: RNP AR APCH		<input type="checkbox"/>
t) ORO.FC.220&230: UPRT – Prevention		<input type="checkbox"/>
<ul style="list-style-type: none"> Reference to applicant's means of compliance where it ensures that personnel providing FSTD UPRT are competent and current to deliver the training, and understand the capabilities and limitations of the device used: <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Reference to applicant's means of compliance where it ensures that the selected upset prevention scenarios and exercises take into consideration the limitations of the FSTD and the extent to which it represents the handling characteristics of the actual aeroplane: <div style="border: 1px solid black; height: 30px; width: 100%;"></div> 		
u) ORO.FC.220&230: UPRT – Recovery		<input type="checkbox"/>
<ul style="list-style-type: none"> Reference to applicant's means of compliance where it ensures that personnel providing FSTD UPRT are competent and current to deliver the training, and understand the capabilities and limitations of the device used: <div style="border: 1px solid black; height: 30px; width: 100%;"></div> 		
v) Other:		<input type="checkbox"/>
3.2 How often will you use the FSTD?		
3.3 With effect from when?		
3.4 If applicable, dates when a CCAA Training Inspector may accompany a training session.		

Section 4 Declaration by the Applicant

- 4.1 I understand that an Approval may be granted in accordance with the relevant provisions of applicable regulations in the area of flight operations and flight crew licensing for the purposes of training, testing and checking flight crew only.
- 4.2 I have read items a) to v) of the Section 3 above and confirm that the relevant documentation (if applicable) is enclosed with this application.

Date:	
Applicant's name, surname & signature:	