

## CA FORM 60/01

Application for the Qualification and Certification to  
Use a Flight Simulator Training Device (FSTD)



### Notes to Applicant

#### *General*

Please ensure the form is correctly filled; the applicable fee is fully paid and all required supporting documentation is provided. Incomplete/incorrect form and/or inadequate payment will lead to delays in processing your application.

Completed form and supporting documents are to be submitted to Flight Operations Department, Civil Aviation Safety Authority of Papua New Guinea at:

- Mailing address  
CASA PNG  
P O BOX 1941  
Boroko, NCD  
Papua New Guinea
- Hand delivery  
Morea Tobo Road, Six Mile – opposite DHL  
Port Moresby

#### *Payment*

Payment of K2,200.00 is to be made for the application for Approval to Use a FSTD.

Payment for this application can be made via direct deposit.

Please provide the necessary payment details, including organisation name and purpose of payment (e.g. Renewal of User Approval) in your payment and credit to:

Bank:	ANZ (PNG) Ltd
Branch:	Port Moresby
BSB Number:	018-900
Swift Code:	ANZBPGPX
Account Name:	CAA CASA Surveillance
Account Number:	11637390

All bank charges and correspondent bank/agent fees, i.e., the remittance amount, your bank charges, as well as all the other banks (Intermediary and Beneficiary banks, etc.) shall be borne by the applicant and the Beneficiary receives full payment.

**You do not need to submit this page with your application form.**

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<b>Application Type</b> (please <input checked="" type="checkbox"/> as appropriate)	
<input type="checkbox"/> Initial Qualification of FSTD	<input type="checkbox"/> Initial Issue of Approval to Use a FSTD
<input type="checkbox"/> Renewal of FSTD Qualification	<input type="checkbox"/> Renewal of Approval to Use a FSTD
<input type="checkbox"/> Special Evaluation	
Please complete Parts A, B, D and E only	Please complete the entire form
<b>Part A: Organisation Details</b>	
Name of Organisation:	
Address of Organisation:	
Name of Organisations Representative:	Designation:
Email:	Contact No.:
<b>Part B: FSTD Information</b>	
Certificate of Approval No.:	Date of Expiry:
Name of FSTD Operator (if different from Name of Organisation):	
Address of FSTD Operator (if different from above):	
Full Name of FSTD Manufacturer:	
Address of FSTD Manufacturer:	
Location of FSTD (if different from Operators address):	
FSTD Type:	Simulator ID:
Simulated Airplane Model & Series:	Simulated Engine Model & Series:
Engine Instrumentation:	Flight Instrumentation:
Visual System Model:	Motion System Model:
Others (Please <input checked="" type="checkbox"/> as appropriate):	<input type="checkbox"/> TCAS <input type="checkbox"/> EGPWS
Level of Qualification (please <input checked="" type="checkbox"/> as appropriate)	
<input type="checkbox"/> Level A	<input type="checkbox"/> Level B <input type="checkbox"/> Level C <input type="checkbox"/> Level D
Name of Organisation(s) using the FSTD:	
<b>Part C: Application for Approval to Use the FSTD</b>	
Training Manual* (Revision No.):	Expiry Date of Existing User Approval (if applicable):
Date Approved:	

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<p>Training Tasks required for this FSTD:</p> <input type="checkbox"/> MPL Indicate Phase(s) <input type="checkbox"/> Type Rating Training <input type="checkbox"/> Type Rating Tests <input type="checkbox"/> Instrument Rating Training <input type="checkbox"/> Instrument Rating Tests <input type="checkbox"/> Zero Flight Time Training <input type="checkbox"/> Recurrent License (Proficiency) Training <input type="checkbox"/> Recurrent License (Proficiency) Checking <input type="checkbox"/> Recurrent Operator (Proficiency) Training <input type="checkbox"/> Recurrent Operator (Proficiency) Checking	<input type="checkbox"/> Recency (Take-off and Landing) <input type="checkbox"/> Line Oriented Training <input type="checkbox"/> Line Oriented Checking <input type="checkbox"/> Special Authorisations: <input type="checkbox"/> LVO <input type="checkbox"/> RNAV <input type="checkbox"/> TCAS <input type="checkbox"/> HUD/HUGS <input type="checkbox"/> EGPWS <input type="checkbox"/> Windshear Warning System <input type="checkbox"/> Predictive Windshear Warning System <input type="checkbox"/> Others, please specify:
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**Part D – Applicant Checklist (Please check the applicable boxes)**

For qualification of FSTD	Yes	No
Cover Letter	<input type="checkbox"/>	<input type="checkbox"/>
Compliance Statements of the FSTD	<input type="checkbox"/>	<input type="checkbox"/>
<b>For Approval to Use the FSD</b>	<input type="checkbox"/>	<input type="checkbox"/>
Gap Analysis supported and certified by the company	<input type="checkbox"/>	<input type="checkbox"/>
A copy of the existing FSTD Certificate of Qualification (for renewal case)	<input type="checkbox"/>	<input type="checkbox"/>
A copy of existing FSTD Approval Letter	<input type="checkbox"/>	<input type="checkbox"/>

**Part E: Applicant Declaration**

I hereby declare that the information provided in this application and the accompanying documents are true in every respect

_____ Signature and Company Stamp	_____ Date:
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**FOR OFFICIAL USE ONLY**

FOR PEL USE	FOR FOPS USE
Fee Payable:	Certification of Qualification No.:
Receipt No.:	New Validity Period:
Received by:	Processed by:
_____ Authorised Collection Officer Name & Signature	_____ Flight Ops Inspector Name & Signature
Date:	Date: