



References:

CAR Part 60

Instructions:

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.

The 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

Or hand deliver to

Morea Tobo Road, Six
Mile – Opposite DHL, Port
Moresby

Payment

Payment of K2,200 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 organization name and purpose of payment (e.g. renewal of User Approval) in your payment and credit to:

Bank	ANZ(Pty) Ltd
Branch	Port Moresby
BSB Number	018-900
Swift Code	ANZPGPX
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 received full payment

Application Type (please <input checked="" type="checkbox"/> as appropriate)	
<input type="checkbox"/> Initial Qualification of FSTD <input type="checkbox"/> Renewal of FSTD Qualification <input type="checkbox"/> Special Evaluation	<input type="checkbox"/> Initial Issue of Approval to Use a FSTD <input type="checkbox"/> Renewal of Approval to Use a FSTD
Please complete Parts A, B, D and E only	Please complete the entire form
Part A: Organisation Details	
Name of Organisation:	
Address of Organisation:	
Name of Organisations Representative:	Designation:
Email:	Contact No.:
Part B: FSTD Information	
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 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:			

Part C: Application for Approval to Use the FSTD

Training Manual* (Revision No.): Date Approved:	Expiry Date of Existing User Approval (if applicable):			
Training Tasks required for this FSTD: <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:				

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"/>
For Approval to Use the FSTD	<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

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Signature and Company Stamp	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> 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: <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Authorised Collection Officer Name & Signature	Processed by: <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Flight Ops Inspector Name & Signature
Date:	Date: