



Flight simulators or flight training devices qualification certificate (FSTDQC)

CASR Part 60

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Please download and complete with Adobe Acrobat. If you are using a browser to complete this form you may lose your information. Send this form and any attachments to regservices@casa.gov.au and fstd@casa.gov.au

Purpose of this form

Use this form to make application for activities under the *Civil Aviation Safety Regulations 1998* (CASR) related to Part 60 flight simulator and Part 60 flight training devices.

For synthetic training device approvals please see CASA Form 248.

Who is this form for?

This form is for the person/organisation who is responsible for the maintenance and operation of the simulator or device.

Information needed to complete this form

You should review *CASR Part 60* and its advisory circulars.

Aviation Reference Number (ARN)

An ARN is required to complete this form. If you do not have an ARN, [apply now](#).

If you are applying on behalf of an organisation, you will need to have authority to act on the entity's (applicant's) behalf and be able to provide the organisation's ARN.

Contact details

It is important the contact details on the ARN profile are current. CASA uses these contact details when processing this application.

If your address, contact or other details have changed, you must update them prior to lodging this form. You can do this by [changing your details](#) on the CASA website.

Failure to provide up to date contact details to CASA could result in additional fees being charged under the *Civil Aviation (Fees) Regulations 1995* and may constitute a criminal offence.

For more information

Go to the [CASA website](#) or [contact us](#).

Applicant

1 What are the applicant details?

The person/organisation who is responsible for the maintenance and operation of the simulator or device.

Your contact details must be current. Update contact details via [changing your details](#).

Legal entity/full name

ARN

ACN or ABN (if applicable)

Phone number

Email address

Contact person

2 What are the contact person details?

Contact details will be used for this application only, including any questions and/or fee estimates.

Full name

Position (Agent, Secretary)

Phone number

Email address

Activity

3 What are you **applying** for (select one)?

Recurrent evaluation ☐ ➔ [Go to 4](#)

Initial qualification ☐ ➔ [Go to 5](#)

Modification ☐ ➔ [Go to 5](#)

Change of qualification ☐ ➔ [Go to 5](#)

Relocation ☐ ➔ [Go to 5](#)

Change of Operator ☐ ➔ [Go to 5](#)

Recurrent evaluation

4 Does the device hold a valid CASA certificate?

No ☐ ➔ [Go to 5](#)

Yes ☐ ➔ Provide details below and [Go to 15](#)

Certificate FSTD ID number (e.g. AUS-XX)

Qualification level and primary reference document

Date of last evaluation (DD/MM/YYYY)

 / /

Proposed date of recurrent evaluation (DD/MM/YYYY)

 / /

Note: If you propose to use an approved industry team leader, please include details in **section 15**.

5 What is the physical address where the simulator or device is located or relocated for relocation applications?

Unit/number

Street name

Suburb

State/territory

Postcode

Country (if not Australia)

Flight Simulator Training Device (FSTD) details

6 What is the simulated aircraft type?

If the device can simulate more than one aircraft type, please submit a separate application for each of them.

Variant(s) (select one)

- ☐ Single
- ☐ Dual
- ☐ Three or more

List of variants

Number of engine configurations (select one)

- ☐ Single
- ☐ Dual
- ☐ Three or more

List of engine type/models

7 What is the simulated generic aircraft type?

If the device simulates a class of aeroplane or type of helicopter, please submit a separate application for each of them.

Model (class of aeroplane or type of helicopter)

This area has been intentionally left blank

8 What are the device details?

FSTD manufacturer

FSTD serial number

Is it a multi-type device?

- ☐ **No**
- ☐ **Yes**

Date of entry into service (MM/YYYY)

 /

Operator Management System audit performed

- ☐ **No**
- ☐ **Yes** (provide details below)

Audit date (DD/MM/YYYY)

 / /

Authority

9 What are the visual system details (if applicable)?

Is it a collimated system?

- ☐ **No**
- ☐ **Yes**

Field of View (horizontal x vertical in degrees)

Display manufacturer

Technology (e.g. CRT, LCoS, DLP, laser, monitors)

Image Generator (IG) manufacturer

IG model

10 Is the device fitted with a motion system?

☐ **No**

☐ **Yes** (provide details below)

Motion manufacturer

Motion model

Motion technology and Degrees of Freedom (e.g. hydraulic, electric)

Other features

11 Does the device hold a valid CASA certificate?

No ☐ ➔ **Go to 13**

Yes ☐ ➔ Provide details below

Certificate FSTD ID number

Qualification level and primary reference document

Date of last evaluation (DD/MM/YYYY)

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This area has been intentionally left blank

12 Are you modifying/changing the qualified level?

No ☐

Yes ☐ ➔ Provide details of the modification/change below

This area has been intentionally left blank

13 What level of qualification are you applying for? (Select all that apply)

Aeroplane		Rotorcraft	
Flight training device (FTD) FAA	☐ Level 4	Flight training device (FTD) FAA	☐ Level 4
	☐ Level 5		☐ Level 5
	☐ Level 6		☐ Level 6
	☐ Level 7		☐ Level 7
Flight training device (FTD) EASA	☐ FTD 1	Flight training device (FTD) EASA	☐ FTD 1
	☐ FTD 2		☐ FTD 2
			☐ FTD 3
Flight simulator (FS)	☐ A	Flight Simulator (FS)	☐ A
	☐ B		☐ B
	☐ C		☐ C
	☐ D		☐ D

Proposed dates

14 What is the date you are proposing for the onsite evaluation to commence? (DD/MM/YYYY)

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What is the date you are proposing for the submission of the Qualification Test Guide (QTG), if applicable? (DD/MM/YYYY)

Note: Minimum 20 working days prior to onsite evaluation.

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What is the date you are proposing for the Intended Ready for Training (RFT), if applicable? (DD/MM/YYYY)

/

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Additional details

15 If you have any additional details (features, capabilities or special equipment or information relevant to this requested activity), please provide below:

16 I declare:

- All statements in this notice are true and correct.

I acknowledge by providing my details below and submitting this application:

- This satisfies the requirement for me to sign this application.
- I may commit an offence under the *Criminal Code Act 1995* if I make a false or misleading statement in my application.
- We may also use your licensing information in deidentified form for aviation safety research/analysis.

Privacy

Any personal information you provide to CASA, as part of this application is protected by the *Privacy Act 1988*.

We will use the information provided to process this application and may also use it to conduct identity/security checks. Without your consent, we may not be able to process your application.

To meet our accountability obligations, we may disclose this information:

- to other government agencies or other national aviation authorities for certain purposes, and
- to comply with court orders and other legal requirements.

For more information about how we use, disclose and protect your personal information, see our [privacy statement](#) and [privacy policy](#).

- I declare and acknowledge the above matters.
- I consent to CASA using my licensing information and other personal information for the above purposes.
- I have read CASA's privacy policy and I authorise CASA to use and disclose the information it collects for this application in accordance with that policy.

Full name

Date (DD/MM/YYYY)

 / /

Role authority

17 In what capacity are you making this declaration?

- ☐ Self
- ☐ Technical manager
- ☐ Simulator operator representative
- ☐ Agent
- ☐ Other, please specify:

An authority must be provided if the person making this declaration is **not** the individual or an office holder of the entity named in question 1.

 Provide authority if required

Submitting this form to CASA



By email – send this form with all supporting documents attached to regservices@casa.gov.au and fstd@casa.gov.au