



Download this form before you begin

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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.

This is not an application form for Synthetic Training Devices for those are done through applications sent to regservices@casa.gov.au

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)?

Initial qualification

Recurrent evaluation

Modification

Change of qualification

Relocation

Change of Operator

4 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

5 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

6 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)

7 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

8 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)

8 continued

Image Generator (IG) manufacturer

IG model

9 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

10 Does the device hold a valid CASA certificate?

No → **Go to 12**

Yes → Provide details below

Certificate FSTD ID number

Qualification level and primary reference document

Date of last evaluation (DD/MM/YYYY)

/

/

11 Are you modifying/changing the qualified level?

No

Yes → Provide details of the modification/change below

12 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
Flight simulator (FS)	A	Flight Simulator (FS)	A
	B		B
	C		C
	D		D

Proposed dates

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

/ /

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

Note: Minimum 30 days prior to onsite evaluation

/ /

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

/ /

Additional details

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

Declaration

15 I declare:

- All statements in this notice are true and correct.

I acknowledge by providing my details below and submitting 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

Signature

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

For example: Self, Technical Manager, Simulator Operator Representative

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.

 **Attach authority**

Submitting this form to CASA



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