



Section 1: Details of Applicant. (Operator): The person/organisation who is responsible for the maintenance and operation of the simulator or device.

Applicant Data		
1.1 Customer ARN		
Customer ACN or ARBN		
1.2 Applicant name	Legal Entity	
	Trading Name	
1.3 Registered business address (This is the office address of the business. If a company, it is the official address as registered with Australia Securities and Investments Commission (ASIC))	Street	
	Suburb	
	State	
	Postcode	
	Country	
1.4 Physical address (This is where your Simulator or device is located)	Street	
	Suburb	
	State	
	Postcode	
	Country	
1.5 Postal address (This is the address where you would like all correspondence sent)	Street	
	Suburb	
	State	
	Postcode	
	Country	
1.6 Contact person (Responsible for this application)	First Name	
	Surname	
	Job title	
	Phone	
	Email	



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Section 2: Identification of Activity					
2.1 Applicant's reference (Please provide you own individual reference to this application)					
2.2 Qualification	2.2.1 <input type="checkbox"/> Initial FSTD qualification				
2.3 Evaluation	2.3.1 <input type="checkbox"/> Initial or <input type="checkbox"/> Recurrent FSTD evaluation				
2.4 Changes to a qualified FSTD Evaluation of an already qualified Flight Synthetic Training Device following a modification.	2.4.1 <input type="checkbox"/> FSTD modification				
	2.4.2 <input type="checkbox"/> Change of qualification level				
	2.4.3 <input type="checkbox"/> FSTD relocation				
	Note: For transferability of FSTD qualification certificate and device de-activation, the FSTD operator should directly notify the CASA simulation office in order to agree on the applicable procedure. Do not use this form for such purposes.				
2.4.4 <input type="checkbox"/> Re-issuance of an FSTD qualification certificate					
2.5 Quality Systems CASR 60.060	2.5.1 <input type="checkbox"/> Submission of Quality System				
(a) Flight Simulator Operators are encouraged to submit an advance copy of the Qualification Test Guide (QTG) to CASA, at the earliest opportunity, to ensure that the proposed tests and validation data are suitable. (b) The substantially complete QTG should be submitted to CASA not less than 15 working days prior to the proposed date of commencement of the on-site evaluation. All Validation, and Functions and Subjective Test results contained in the QTG should have been conducted on-site within the last 90 days. A letter of application should be submitted before commencement of the on-site evaluation confirming that Operator Testing is complete, listing all outstanding discrepancies and providing QTG updates (as necessary). (c) CASA will advise the FSTD Operator of the outcome of their technical review of the QTG. Any significant discrepancies will need to be addressed before commencement of the on-site evaluation. Note: See - AC 60-1(0): Flight Simulator Evaluations					
Section 3: FSTD Details					
3.1 Type of simulated aircraft If the device can simulate more than one aircraft type, please submit a separate application for each of them.	Model (Type of aircraft)				
	Variant(s)		<input type="checkbox"/> Single	<input type="checkbox"/> Dual	<input type="checkbox"/> Three or more
	List of variants				
	Number of engine configurations		<input type="checkbox"/> Single	<input type="checkbox"/> Dual	<input type="checkbox"/> Three or more
	List of engine type/models				
3.2 Type of simulated generic aircraft If the device simulates a class of aeroplane or type of helicopter, please submit a separate application for each of them	Model (class or aeroplane or type of helicopter)				
3.3 Device information	FSTD manufacturer				
	FSTD serial number				



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	Multi type	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Year of entry into service (mm/yyyy)		
	Operator Management System audit performed	<input type="checkbox"/> Yes	Date:
<input type="checkbox"/> No		Authority:	
3.4 Visual system (If applicable)	Collimated system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Field of View	<i>Horizontal x Vertical in degrees</i>	
	Display manufacturer		
	Technology	<i>(CRT, LCoS, DLP, Laser, monitors, etc.)</i>	
	Image generator (IG) manufacturer		
	IG Model		
3.5 Motion system To be completed only in the case of devices fitted with a motion system, motion seats, vibration platform, etc.	Motion manufacturer		
	Motion model		
	Motion technology and Degrees of Freedom	<i>e.g. hydraulic, electric, etc.</i>	
	Other features	<i>e.g. motion seats, vibration platform, etc.</i>	
3.6 Previous qualification To be completed for devices already holding a valid CASA certificate.	Certificate FSTD ID #		
	Qualification level and Primary Reference Document		
	Date of last evaluation (dd/mm/yyyy)		
3.7 Nature of FSTD modification To be completed only in the case of changes to the qualified FSTD.			



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3.8 Level of qualification (Please refer to the Completion Instruction section at the end of the form to ensure the right information is provided)	Aeroplane		Rotorcraft	
	Flight training device (FTD)	<input type="checkbox"/> FAA Level 4	FTD	<input type="checkbox"/> FAA Level 7
		<input type="checkbox"/> FAA Level 5		
		<input type="checkbox"/> FAA Level 6		
	Flight training device (FTD)	<input type="checkbox"/> I CS-FSTD(A)	FTD	<input type="checkbox"/> I CS-FSTD(H)
		<input type="checkbox"/> II CS-FSTD(A)		<input type="checkbox"/> II CS-FSTD(H)
		<input type="checkbox"/> III CS_FSTD(A)		<input type="checkbox"/> III CS-FSTD(H)
	Flight simulator (FS)	<input type="checkbox"/> A	FFS	<input type="checkbox"/> A
		<input type="checkbox"/> B		<input type="checkbox"/> B
		<input type="checkbox"/> C		<input type="checkbox"/> C
		<input type="checkbox"/> D		<input type="checkbox"/> D

Section 4: Proposed Dates

4.1 Requested evaluation start date

4.2 Qualification Test Guide (QTG) submission date (if applicable)

4.3 Intended Ready for Training (RFT) date (if applicable)

Section 5: Additional Comments

Additional features, capabilities or special equipment not covered in section 3, or any other information considered to be relevant to the requested activity is to be provided here.



Section 6: Declaration

I am / We are signing this form as either

- > The applicant named in question 1.1.2
- > The contact person for the company name in question 1.1.4
- > The Agent appointed under a Power of Attorney

1. I / We understand that the information provided in this application for is true and correct and that giving false or misleading information is an offence under Part 7.4 of the Criminal Code Act 1995 (see in particular s.136.1 and 137.1 of the Criminal Code).
2. I / We understand that the information provided in this application will allow CASA to calculate the estimate for service to process this application
3. I / We understand and agree that the cost estimate may change if:
 - The application does not accurately and completely identify my / our requirements; or
 - The details in this application are subsequently changed; or
 - Inadequate supporting documentation has been provided;
 - If this occurs, I / we accept that the process of this application may be delayed and additional charge may be incurred.
4. I / We understand and agree that for CASA to proceed with this application;
 - I / We must accept the cost estimate; and
 - Forward for prescribed payment(s); and
 - Forward all supporting documentation to Flight Standards Branch
 - This application will not progress to the assessment phase until ALL three conditions are met.
5. If I am signing this application as an agent, I declare that I gave obtained the necessary Power of Attorney authorising me to sign on behalf of the applicants.
6. I / We give permission to CASA to send material relating to this application by email
I am aware of, and accept, the risk that information sent via email may be intercepted and read during transmission, not delivered or modified. (If you do not accept, material will be sent by post).
No Yes

Name	Signature	Date (DD/MM/YYYY)
Name	Signature	Date (DD/MM/YYYY)

Check all required questions are answered and the form is signed and dated.
You can return this form by email or post to:

Email: fstd@casa.gov.au (CASA preferred option)
Post: Civil Aviation Safety Authority
Simulator Certification
Flight Standards Branch
GPO Box 2005
Canberra ACT

Application Completion Instructions for FSTD.001



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This application completion instruction sheet will provide you with any additional instructions and requirements necessary to complete the application for activities related to Flight Simulator Training Devices. Please complete the form in a **clear legible** way.

Note: Further guidance see AC 60.1 and AC 60.4.

Section 1: The applicant

- 1.1. If known, please enter your CASA ARN/ACN number. (Note the applicant is the Operator, the organisation responsible for maintaining and operation of the (FSTD).
- 1.2. Please enter the full **name of the company**. If applicable also enter the Trade Name, Doing-business-as and the Company registration number. In case the applicant is not a company but a **natural person**, please enter the full name as it appears in your ID Card/Passport.
- 1.3. Please enter the address of the registered office.
- 1.4. Please enter the physical address of the Simulator or device.
- 1.5. Please enter the postal address, where all correspondence will be sent.
- 1.6. The name and contact details specified in this section are those of the person responsible for the application.

Section 2: Identification of activity

- 2.1 **Applicant's Reference:** Please provide an **individual** internal reference to this application in order to help CASA avoid duplications.
- 2.2.1 **Initial FSTD qualification:** Evaluation and qualification of a new FSTD.
- 2.3.1 **Recurrent FSTD evaluation:** Evaluation of FSTD in order to maintain its qualification. Only part 3.6 of section 3 should be completed for a device already qualified by CASA (FSTD Id# AUS xxx).
- 2.4.1 **FSTD modification:** Evaluation of an already CASA qualified FSTD following a modification.
Section 3.6 and 3.7 must be completed together with applicable parts within section 3 (in case of visual or motion system modifications). For modifications affecting the qualification level, please refer to 2.4.2
- 2.4.2 **Qualification level change:** Evaluation of an already qualified FSTD to obtain a new qualification level after a device modification. Section 3.6, 3.7 and 3.8 must be completed together with applicable parts within section 3 (in case of visual or motion system modifications).
- 2.4.3 **FSTD relocation:** Evaluation of a qualified FSTD after it has been moved and when its operator and organisation remain the same. Only part 3.6 of section 3 should be completed.
- Note:** For transferability of FSTD qualification certificate and device de-activation, the FSTD operator should directly notify CASA in order to agree on the applicable procedure. Do not use this form for such purposes.
- 2.4.4 **Re-issuance of an FSTD qualification certificate:** When a new certificate is requested only for administrative reasons and without any other organisational changes (i.e. new address or brand). The new certificate will be issued according to the information provided in section 1 and the previous qualification certificate will have to be surrendered to CASA. Only part 3.6 of section 3 should be completed.
- 2.5.1 **Management System/Compliance Monitoring System Audit:** To verify if the organisation operating the FSTD is in compliance with the applicable requirements. This application form should be used by organisations only operating FSTDs requesting this activity, and not by Approved Training Organisations. See CASR 60.025- (2) (b).

Section 3: FSTD details

- 3.1 **Type of simulated aircraft:** This section applies to type specific devices. Please indicate the applicable simulated aircraft type and variant(s) to be evaluated. If the device can simulate more than one aircraft type, please submit one application for each simulated aircraft type.
- 3.2 **Type of simulated generic aircraft:** This section applies to devices replicating a class of aeroplane or type of rotorcraft. If the device can simulate more than one, please submit one application for each of them.
- 3.3 **Device information:** The FSTD serial number is the identification number or reference assigned by the device manufacturer when the device was originally built, it should not change as a result of subsequent device modifications.
Devices capable of simulating more than one aircraft type or class shall have the multi type "Yes" checkbox ticked and one application should be filed for each of the type or class.
The entry into service should indicate the month and year when the device was first qualified after been built (no matter the authority or standard).
If the Management System of the FSTD operator has never been audited by CASA; then 2.5.1 should be ticked also.
- 3.4 **Visual system:** The field of view information should also be provided for non-collimated systems.
- 3.5 **Motion system:** To be completed only in the case of devices fitted with a motion system, motion seats, vibration platform, etc.
- 3.6 **Previous qualification:** To be completed for devices already holding a valid CASA or Recognised Certificate State qualification.
Please indicate the authority/entity which has approved the current qualification level.
Please indicate under which requirements (Primary Reference Document) the current qualification level was granted.
- 3.7 **Nature of FSTD modification:** To be completed **only in the case** of changes to the qualified FSTD. Please provide a brief but precise description of the modification applied to the device.
- 3.8 **Level of qualification:** Tick the box corresponding to the **requested** level of qualification. **Only one qualification level per application form.**



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Section 4: Proposed dates

- 4.1 Please indicate the evaluation stating date you are requesting.** All efforts will be made to try to accommodate this date. However, different circumstances may prevent CASA from actually fulfil this request. It's also possible that an alternative date maybe proposed to reduce costs or improve logistics and efficiency.
- 4.2 Qualification Test Guide (QTG) submission date:** If applicable (initial evaluation, modifications and upgrades). In any case at least one month prior the on-site evaluation of the device, or as agreed. The Qualification Test Guide should be submitted to the entity (CASA), performing the task. This information will be notified to the applicant.
- 4.3 Intended Ready FOR Training (RFT) date:** In the case of an initial evaluation or after a relocation or re-activation.

Section 5: Additional comments

Please indicate additional features, capabilities or special equipment not covered in section 3. Any other information considered to be relevant to be able to complete the requested activity.

Section 6: Declaration

Check that all required questions are answered and that the form is signed and dated.