



APPLICATION FOR A FLIGHT SIMULATION TRAINING DEVICE (FSTD) APPROVAL

DGCA
الإدارة العامة للطيران المدني - دولة الكويت
Directorate General of Civil Aviation - Kuwait
P.O. BOX 17 - Safat 13001, KUWAIT.
Tel: (965) 24743940, 24342475 / Fax: (965) 24765796
Email: safety@dgca.gov.kw

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Please complete this form online (preferred method) then print, sign and submit as instructed.
Alternatively, print, then complete in **BLOCK CAPITALS** using black or dark blue ink.
Please read attached Guidance Notes before completing the technical sections of this form.

1. Applicant Details

(The Applicant is the person responsible for payment of DGCA charges)

Registered Company Name (in full):

Registered Company Number:

Country of Company Registration:

Registered Office Address:

Postcode:

Telephone: Fax:

E-mail:

Trading Name: (if applicable)

Trading Address (primary site):

Postcode:

Website address:

2. Authorised Representative of Company

This application is to be signed by either the Accountable Manager or the Operations Director or a person authorised by the Board to act on behalf of the Company.

Title: Forename: Surname:

Position in Company:

Telephone No: E-mail:

If you are not the Accountable Manager or the Operations Director and have been authorised to sign the application form on behalf of the Company, proof of that authority must be provided with the completed application form.



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3. FSTD Details:		(Please ensure one application form is completed per device)
Type of Application: see below (Please tick all that apply)		Aeroplane <input type="checkbox"/> Helicopter <input type="checkbox"/>
Initial: <input type="checkbox"/>		Recurrent/Revalidation: <input type="checkbox"/> Special: <input type="checkbox"/>
DGCA FSTD code (Not applicable for initial evaluation applications): DGCA/SIM/KU/		
Foreign Auth Code: Foreign Auth Name:		
Where device is dual qualified e.g. FTD & FNPT, please advise secondary no. also:		
Initial/Last Evaluating Authority:		
Initial/Last Evaluating Validity: From: To:		
Restrictions (if any):		
FFS Level A <input type="checkbox"/> Level B <input type="checkbox"/> Level C <input type="checkbox"/> Level D <input type="checkbox"/> Level AG <input type="checkbox"/> Level BG <input type="checkbox"/> Level CG <input type="checkbox"/> Level DG <input type="checkbox"/> Level SC <input type="checkbox"/>		
FTD Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 (Helicopter only) <input type="checkbox"/>		
FNPT FNPT I <input type="checkbox"/> FNPT II <input type="checkbox"/> FNPT III (Helicopter only) <input type="checkbox"/>		
FNPT MCC FNPT II MCC <input type="checkbox"/> FNPT III MCC (Helicopter only) <input type="checkbox"/>		
BITD <input type="checkbox"/>		
Has the device been issued with an interim level of qualification? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
FSTD Configurations	Aircraft or class of aircraft simulated: (Please indicate SEP, MEP, ME Turbine, B737 etc.)	Engine or type of engine simulated: (Please indicate CFM56 etc.as applicable)
a)		
b)		
c)		
d)		
FSTD Manufacturer:		Year of Manufacture:
Visual System Type and Manufacturer (if applicable):		
Motion System Type and Manufacturer (if applicable):		
FSTD Sponsoring Airline / Training Organisation Reference Number (if applicable):		
Note: For all Initial Approvals/Evaluations, please complete Item No. 7		



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4. Location of FSTD

Full Address:
..... Postcode:
Contact name: Telephone No.:
Email address:

5. Scope of User Approval

(To be completed by the Applicant)

A User Approval will be issued for one complete year, regardless of the expiry date of the FSTD qualification, and will be dependent upon the continued qualification of the FSTD to the qualification level specified, and on the regular update of the Navigation Database. A Kuwait DGCA Inspector may be required to visit an FSTD that is a non-Kuwait DGCA qualified during one of your training sessions to evaluate the device for training and testing purposes only.

5.1 Requested Start date of User approval:.....

5.2 If applicable, dates when a Kuwait DGCA Inspector may accompany a Training Session:

5.3 Please clarify purpose of the User Approval application (please tick all that apply)

Licence skill Test (LST):

Licence Proficiency Checks (LPC):

Operator Proficiency Checks (OPC):

Recent Experience in accordance with Part-FCL Subpart A FCL.060(b):

LVO training and testing to Category (tick as applicable) CAT I: CAT II: CAT IIIA: CAT IIIB:

5.4 The respect of an Initial Application, are there any differences between the FSTD configuration and your aircraft which affect training delivery? Yes: No:

5.5 In respect of a Renewal Application, has there been any change(s) to the FSTD or associated users aircraft since the last renewal that would affect an existing differences list? Yes: No:

Where differences / changes have been identified in paragraph 5.4, the list of said differences / changes must be provided with this application form, along with any identified / associated mitigation.

6. Declaration of Applicant

(To be completed by the Applicant)

I declare that the information provided on this form is true to the best of my knowledge and belief. I have fully reviewed all Guidance Notes and have submitted all of the necessary paperwork for my application to be considered.

Name of Company Representative:..... Position in Company:

Signature of Applicant:..... Date:



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7. Initial Approval/Evaluation

7.1) FFS/FTD (A): Please indicate the following device information and capability;

CAT I	CAT II	CAT IIIA	CAT IIIB
LVTO RVR:			
Auto-coupled approach:			
Auto-land:			
Roll-out guidance:			
ACAS Version:			
Windshear:		Windshear Profile Simulation:	
		Windshear Warning:	
		Flight Guidance:	
		Predictive Windshear:	
Weather Radar:			
HUD / HUGS:			
EVS / SVS:			
FANS:			
GPWS / EGPWS / TAWS:			
ETOPS Capability:			
GPS:			
Flight Engineer Station:			
Engine Instrumentation Type:			
Flight Instrumentation Type:			
FMS Type and Revision:			
Autopilot type and revision:			
Other Capability:			

7.2) FFS/FTD (H): Please indicate the following device information and capability;

CAT I	CAT II
LVTO RVR:	
Auto-coupled approach:	
ACAS / TCAS:	
Weather Radar:	
GPWS / EGPWS / TAWS:	
GPS:	
ARA:	
NVIS:	
Ditching:	
Ship Landing:	
Rig Landing:	
Elevated Platform Landing:	
Engine Instrumentation Type:	
FMS Type and Revision:	
Autopilot Type and Revision:	
Other Capability:	

7.3) FNPT / BITD (A/H): Please indicate the following device information and capability;

Engine Instrumentation Type:
Flight Instrumentation Type:
Host Computer Database Version:
Visual Database Version:



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Delivery Instructions

*This form, when completed, should be forwarded and must be accompanied by the appropriate fee to:
Directorate General of Civil Aviation, Aviation Safety Department, P.O. Box 17, Safat 13001, State of Kuwait*

Note 1: The DGCA/ASD requires a minimum of 2 weeks to process a completed application.

Note 2: Refer to Kuwait Civil Aviation Safety Regulations Part 27 for Charges and Fees.

Note 3: For an initial FSTD certification the FSTD operator shall apply to Kuwait DGCA/ASD the application with a minimum of 3 months' notice.

Payment Instructions

Cheque, Demand Draft etc. made payable in favour of **DIRECTORATE GENERAL OF CIVIL AVIATION**, or Telex Transfer directly to our Account at:

Name of Bank: CENTRAL BANK OF KUWAIT

Branch: KUWAIT

Account Name: DIRECTORATE GENERAL OF CIVIL AVIATION

Account Number: 042 04170

IBAN Number: KW 42 CB KU 000000000000004204170

Bank Code/ Sort Code: CBKUKWKW

Swift Code: CBKUKWKW

Currency of Payment: KWD

For official use only (DGCA/ASD)

Date of Receipt:.....

Application Accepted: Rejected: Pending: Approved:

Remarks:

Name and signature of authorised staff member:

Name:.....

Signature:..... Date:

Guidance Notes

Copy of FSTD Qualification Certificate (where non-State of Kuwait qualified)

Copy of latest FSTD Qualification Evaluation Report (where non-State of Kuwait qualified)

List of Changes / Differences between FSTD and aircraft and any identified / associated mitigation:

For first application from an individual applicant, please provide proof of ID (suitably certified copy of current Passport or Full Driving Licence – see Guidance Note 1).

If you are not the Accountable Manager or the Operations Director and have been authorised to sign the application form on behalf of the Company, please enclose proof of that authority.