

Figure A4B – Sample Letter , Request for Initial, Upgrade, or Reinstatement Evaluation

Attachment: FSTD Information Form INFORMATION

Date: _____			
Section 1. FSTD Information and Characteristics			
Sponsor Name: _____		FSTD Location: _____	
Address: _____		Physical Address: _____	_____
City: _____		City: _____	_____
State: _____		State: _____	_____
Country: _____		Country: _____	_____
ZIP: _____		ZIP: _____	_____
Manager _____			
Sponsor ID No: _____ (Four Letter FAA Designator)		Nearest Airport: _____ (Airport Designator)	
Type of Evaluation Requested: _____			
<input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Continuing Qualification <input type="checkbox"/> Special <input type="checkbox"/> Reinstatement			
Aircraft Make/model/series: _____			
Initial Qualification: _____ (If Applicable)		Date: _____ Level _____ MM/DD/YYYY	Manufacturer's Identification or Serial Number _____
Upgrade Qualification: _____ (If Applicable)		Date: _____ Level _____ MM/DD/YYYY	<input type="checkbox"/> eMQTG
Qualification Basis: _____		<input type="checkbox"/> A	<input type="checkbox"/> B
		<input type="checkbox"/> 6	<input type="checkbox"/> 7
		<input type="checkbox"/> Interim C	<input type="checkbox"/> C
		<input type="checkbox"/> Provisional Status	<input type="checkbox"/> D
Other Technical Information:			
FAA FSTD ID No: _____ (If Applicable)		FSTD Manufacturer: _____	
Convertible FSTD: <input type="checkbox"/> Yes: _____		Date of Manufacture: _____ MM/DD/YYYY	
Related FAA ID No. _____ (If Applicable)		Sponsor FSTD ID No: _____	
Engine model(s) and data revision: _____		Source of aerodynamic model: _____	
FMS identification and revision level: _____		Source of aerodynamic coefficient data: _____	
Visual system manufacturer/model: _____		Aerodynamic data revision number: _____	
Flight control data revision: _____		Visual system display: _____	
Motion system manufacturer/type: _____		FSTD computer(s) identification: _____	
National Aviation Authority (NAA): _____ (If Applicable)			
NAA FSTD ID No: _____		Last NAA Evaluation Date: _____	
NAA Qualification Level: _____			
NAA Qualification Basis: _____			
Visual System Manufacturer and Type: _____			
FSTD Seats Available: _____		Motion System Manufacturer and Type: _____	