

| | |
|---|-----------------------|
| Federal Aviation Administration National Simulator Program FSTD Information Form | Sponsor: |
| | FSTD ID: |
| | Aircraft Type: |

Email Form to: 9-ASO-AFS205-NSP-SIMULATOR-SCHEDULING@faa.gov

| | | | |
|---|--|---------------------------------------|--|
| Sponsor Submission Date: mm/dd/yyyy | | | |
| Section 1. FSTD Sponsor Information | | | |
| Sponsor Name: | | FSTD Location: | |
| Address: | | Physical Address: | |
| City: | | City: | |
| State/Prov/Terr: | | State: | |
| Country: | | Country: | |
| ZIP: | | ZIP: | |
| Sponsor ID No: (FAA Certificate Number) | | Nearest Airport: (Apt Code) | |
| Local FAA Authority: FAA Training Program Approval Authority: (TPAA) | | | |
| Name: | | | |
| Address: | | Office Phone | |
| City: | | Cell: | |
| State: | | Fax: | |
| ZIP: | | Email: | |
| FAA Alternate POC (APM, FTPM, if required) | | | |
| Name: | | | |
| Address : | | Office Phone | |
| City/State: | | Cell: | |
| State: | | Fax: | |
| ZIP: | | Email: | |
| FSTD Management Representative:: | | | |
| Name: | | | |
| Address 1: | | Office Phone | |
| City/State: | | Cell: | |
| State: | | Fax: | |
| ZIP: | | Email: | |
| FSTD Contact: | | | |
| Name: | | | |
| Address 1: | | Office Phone | |
| City/State: | | Cell: | |
| State: | | Fax: | |
| ZIP: | | Email: | |

| | |
|---|----------------|
| Federal Aviation Administration National Simulator Program FSTD Information Form | Sponsor: |
| | FSTD ID: |
| | Aircraft Type: |

Section 2. FSTD Information

| | | | |
|--|---|-------------------------|-----------------|
| Aircraft make/model/series: | | A/C Common Name: | |
| Qualification Basis: Qualification Level: | | Manufacture Serial No.: | |
| Base Month: | <input type="checkbox"/> Full Flight Simulator (FFS) <input type="checkbox"/> Flight Training Device (FTD) | Sponsor's FSTD ID: | i.e. 737-800 #1 |

National Aviation Authority Qualification (For BASA-SIP Evaluations only):

| | | | |
|--------------------------|--|--------------------------|--|
| NAA Name: | | | |
| NAA FSTD ID No: | | NAA Qualification Basis: | |
| NAA Qualification Level: | | | |

Technical Information:

| | | | |
|------------------------------------|--|----------------------|------------|
| FAA FSTD ID No: (If Applicable) | Convertible FSTD: <input type="checkbox"/> Yes | FSTD Manufacturer: | |
| <input type="checkbox"/> eMQTG | Conv. FAA FSTD ID No. | Date of Manufacture: | MM/DD/YYYY |

| | | | |
|----------------------|--|--|--|
| FSTD Configurations: | | | |
|----------------------|--|--|--|

| | | | |
|--------------------------|---|---------------|--|
| Pri. Engine Type/Thrust: | / | FADEC Version | |
| Alt. Engine Type/Thrust: | / | | |
| Alt. Engine Type/Thrust: | / | | |
| Alt. Engine Type/Thrust: | / | | |

| | |
|---------------------------------|--|
| Flight Instrumentation/Systems: | <input type="checkbox"/> EFIS <input type="checkbox"/> HUD/HGS <input type="checkbox"/> EVS <input type="checkbox"/> WX Radar <input type="checkbox"/> NVG <input type="checkbox"/> GPS <input type="checkbox"/> GPWS <input type="checkbox"/> FMS <input type="checkbox"/> TCAS Ver: <input type="checkbox"/> CPDLC <input type="checkbox"/> EFB Class: <input type="checkbox"/> Other: |
|---------------------------------|--|

| | | |
|--|--|--|
| FSTD seats available: # | | Flt. control data revision: Model/Rev. |
| FSTD host computer: | | Aero model/data: Source/Model/Rev. |
| Visual image generator: Mfgr./Model | | Avionics Type/Suite: |
| Visual system display: CrossCkpt or MonoView/FOV | | Avionics Std/Rev: |
| Visual projector: No. & Type (CRT or Matrix) | | FMS: Type/Rev. |
| | | Motion system: Mfgr./Type/Axis |

Airport Qualification Models If illustrations or other presentations are attached please specify:

| | | |
|---|---|---|
| Airport Qualification Model 1 / Available In-Use Runways /Taxiway: | / | / |
| Airport Qualification Model 2 / Available In-Use Runways /Taxiway: | / | / |
| Airport Qualification Model 3 / Available In-Use Runways / Taxiway: | / | / |

| | | | |
|------------------------|--------------------|----------------|--|
| Visual Ground Segment: | Airport Designator | Landing Runway | |
|------------------------|--------------------|----------------|--|

| | |
|---|-----------------------|
| Federal Aviation Administration National Simulator Program FSTD Information Form | Sponsor: |
| | FSTD ID: |
| | Aircraft Type: |

Section 3a. Level 6 and Above--Additional FSTD Qualified Maneuvers, Procedures, Tasks, and Functions (For Level 4 and 5 see Section 3c below)
(not stated in 14CFR Part 60 Appendix (A,B,C, or D) Attachment 1, Table 1B)

Except for Non-Qualified items stated in section 4 below, this FSTD is qualified to perform all maneuvers, procedures, tasks, and functions listed in the applicable QPS Appendix, Tables 1B and 1C of 14 CFR Part 60 as amended. Additionally, this FSTD is qualified to perform maneuvers, procedures, tasks, and functions annotated in sections 3a, 3b, or 3c below. Specific use of this device in conjunction with any training program must be approved by the FAA Training Program Approval Authority (TPAA).

FAA Qualifying Official(s):

| Area/Function/Maneuver | Requested (Sponsor Use) | Qualified (FAA Use Only) | Remarks (Including Partial Task Limitations) |
|---|-------------------------------------|-------------------------------------|---|
| CAT I: (Minimums in accordance with sponsor/operator authorization) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| CAT II: (Minimums in accordance with sponsor/operator authorization) | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAT III: (Minimums in accordance with sponsor/operator authorization) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Circling Approach : Arpt/Appr/Ldg RW | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Windshear Training: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Auto-coupled Approach | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Auto Go Around | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Auto-land / Roll Out Guidance | <input type="checkbox"/> | <input type="checkbox"/> | |
| TCAS/ACAS I / II | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| WX-Radar | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| HUD / HGS | <input type="checkbox"/> | <input type="checkbox"/> | |
| EFVS | <input type="checkbox"/> | <input type="checkbox"/> | |
| TAWS (GPWS / EGPWS) | <input type="checkbox"/> | <input type="checkbox"/> | |
| SMGCS: Arpt/Taxi Route, Visibility, mono/bidirectional | <input type="checkbox"/> | <input type="checkbox"/> | |
| Enhanced Taxi Markings: Arpt/Taxi Route | <input type="checkbox"/> | <input type="checkbox"/> | |
| RWSL/LAHSO | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> LPV <input type="checkbox"/> GPS <input type="checkbox"/> WAAS | <input type="checkbox"/> | <input type="checkbox"/> | |
| RNP/AR | <input type="checkbox"/> | <input type="checkbox"/> | |
| ADS-B <input type="checkbox"/> In | <input type="checkbox"/> | <input type="checkbox"/> | |
| Full Stall (14 CFR Part 60 (2016)/FSTD Directive 2) | <input type="checkbox"/> | <input type="checkbox"/> | |
| UPRT (14 CFR Part 60 (2016)/FSTD Directive 2) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Icing (14 CFR Part 60 (2016)/FSTD Directive 2) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Realistic Gusting Crosswind (14 CFR Part 60 (2016)/FSTD Directive 2) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Bounced Landing (14 CFR Part 60 (2016)/FSTD Directive 2) | <input type="checkbox"/> | <input type="checkbox"/> | |

| | |
|---|-----------------------|
| Federal Aviation Administration National Simulator Program FSTD Information Form | Sponsor: |
| | FSTD ID: |
| | Aircraft Type: |

Section 3b. Additional Helicopter FSTD Qualified Maneuvers, Procedures, Tasks, and Functions
(not stated in 14CFR Part 60 Appendix (C or D) Attachment 1, Table 1B)

| Area/Function/Maneuver | Requested (Sponsor Use) | Qualified (FAA Use Only) | Remarks (Including Partial Task Limitations) |
|---|----------------------------|-----------------------------|---|
| Helicopter Slope Landings | <input type="checkbox"/> | <input type="checkbox"/> | |
| Helicopter External Load Operations | <input type="checkbox"/> | <input type="checkbox"/> | |
| Helicopter Pinnacle Approach to Landings | <input type="checkbox"/> | <input type="checkbox"/> | |
| Helicopter Night Vision Maneuvers Evaluated with Class A Lens <input type="checkbox"/> Class B Lens <input type="checkbox"/> NVG Confined Area Location: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Helicopter Category A Takeoffs | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |

Section 3c. Level 4 & 5 FSTD Only --Optionally Qualified Maneuvers, Procedures, Tasks, and Functions as defined in Table B1B and D1B.

| Area/Function/Maneuver | Requested (Sponsor Use) | Qualified (FAA Use Only) | Remarks (Including Partial Task Limitations) |
|---|-------------------------------------|-------------------------------------|---|
| Preflight Procedures | | | |
| Preflight Inspection (flight deck only). | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Engine Start | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pre-takeoff Checks. | <input type="checkbox"/> | <input type="checkbox"/> | |
| In-flight Maneuvers | | | |
| Approach to Stalls | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Level 5 Only |
| Engine Failure (procedures only) | <input type="checkbox"/> | <input type="checkbox"/> | Level 5 Only |
| Specific Flight Characteristics incorporated into the user's approved flight training program | <input type="checkbox"/> | <input type="checkbox"/> | |
| Instrument Procedures | | | |
| Standard Terminal Arrival/Flight Management System Arrival | <input type="checkbox"/> | <input type="checkbox"/> | Level 5 Only |
| Holding | <input type="checkbox"/> | <input type="checkbox"/> | Level 5 Only |
| Precision Instrument, all engines operating | <input type="checkbox"/> | <input type="checkbox"/> | Level 5 Only |
| Non-Precision Instrument, all engines operating | <input type="checkbox"/> | <input type="checkbox"/> | Level 5 Only |
| Missed Approach | <input type="checkbox"/> | <input type="checkbox"/> | Level 5 Only |
| Landings and Approaches to Landings | | | |
| Visual Approaches (normal, steep, shallow) with visual system | <input type="checkbox"/> | <input type="checkbox"/> | Level 5 Helicopter |
| Normal and Abnormal Procedures | | | |
| Powerplant | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fuel System. | <input type="checkbox"/> | <input type="checkbox"/> | |

NSP Form T001A: 11/30/2022

OMB Control Number 2120-0680: Expiration Date 11/30/2025

Completion of this letter is voluntary. You are not required to respond or use this template unless it displays a currently valid OMB control number.

**Federal Aviation Administration
National Simulator Program
FSTD Information Form**

Sponsor:

FSTD ID:

Aircraft Type:

| Area/Function/Maneuver | Requested (Sponsor Use) | Qualified (FAA Use Only) | Remarks (Including Partial Task Limitations) |
|---|-------------------------------------|-------------------------------------|---|
| Electrical System. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Environmental and Pressurization Systems | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire Detection and Extinguisher Systems | <input type="checkbox"/> | <input type="checkbox"/> | |
| Navigation and Avionics Systems | <input type="checkbox"/> | <input type="checkbox"/> | |
| Automatic Flight Control System, Electronic Flight Instrument System, and Related Subsystems. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Flight Control Systems | <input type="checkbox"/> | <input type="checkbox"/> | |
| Anti-ice and Deice Systems | <input type="checkbox"/> | <input type="checkbox"/> | |
| Aircraft and Personal Emergency Equipment | <input type="checkbox"/> | <input type="checkbox"/> | |
| Emergency Procedures | | | |
| Emergency Descent (Max Rate) | <input type="checkbox"/> | <input type="checkbox"/> | Level 5 Only |
| Inflight fire and smoke removal | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Level 5 Only |
| Rapid Decompression | <input type="checkbox"/> | <input type="checkbox"/> | Level 5 Only |
| Emergency Evacuation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| Post flight Procedures. | | | |
| After-Landing Procedures | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Rotor brake operation. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Helicopter only |
| Abnormal/emergency procedures | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |

Preliminary

| | |
|---|----------------|
| Federal Aviation Administration National Simulator Program FSTD Information Form | Sponsor: |
| | FSTD ID: |
| | Aircraft Type: |

Section 4. Non Qualified Tasks

FSTD users should also observe any Non-Qualified Tasks or Missing, Malfunctioning, or Inoperative (MMI) Components noted on the most recent FAA evaluation report or in the Sponsor discrepancy log that may or may not result in a training, testing, or checking restriction.

**Maneuvers, Procedures, Tasks, and Functions for which this FSTD is
NOT Qualified**

| Area/Function/Maneuver | Remarks |
|------------------------|---------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

Preliminary