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| C:\Users\Eduardo\Desktop\FCL HSK 202301\ÉKM_logo_csak címer.jpg  Ministry of  Construction and Transport | | **APPLICATION FORM FOR FSTD QUALIFICATION PART C**  In accordance with Annex VII (Part-ORA) of Regulation (EU) 1178/2011 |
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|  | **FSTD operator organisation’s data (applicant)** | |
|  | Registration name: | |
| Commercial name (if different): | |
|  | Registered address: | |
| Post code: | City: |
| Street: | Number: |
|  | Postal address: | |
| Post code: | City: |
| Street: | Number: |
|  | Telephone: | E-mail: |
| Fax: | Web: |
|  | **FSTD evaluation team** | |
| FSTD has been assessed by the following evaluation team: | |
| Name: | Qualification: |
|  |  |
|  |  |
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|  | **Declaration of applicant** | |
| **In case of FFS/FTD:**  This team attests that the       conforms to the aeroplane flight deck/helicopter cockpit configuration of       aeroplane/helicopter       within the requirements for       and that the simulated systems and subsystems function equivalently to those in that aeroplane/helicopter. The pilot of this evaluation team has also assessed the performance and the flying qualities of the FSTD and finds that it represents the designated aeroplane/helicopter.  **In case of FNPT:**  This team attest(s) that the       represents the flight deck or cockpit environment of a       within the requirements for       and that the simulated systems appear to function a sin the class of aeroplane/type of helicopter. The pilot of this evaluation team has also assessed the performance and flying qualities of the FSTD and finds that it represents the designated class of aeroplane/type of helicopter.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | |
|  | **Remark to authority** | |
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**Completion instructions**

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| 1. | Part C of the application shall be submitted at least 7 days before the requested evaluation date. |
| 1.3 | Postal address is only required if it differs from the place of business. |
| 2. | The testing team shall include a professional simulator technician and a pilot having appropriate license. |
| 3. | Must be signed by the accountable manager. |