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| **Data protection:** Personal data included in this application is processed by EASA pursuant to Regulation (EU) 2018/1725 on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, and repealing Regulation (EC) No 45/2001 and Decision No 1247/2002/EC. It will be processed solely for the purposes of the performance, management and follow‑up of the Application by the Agency, without prejudice to possible transmission to internal audit services, to the Court of Auditors, to the European Anti-Fraud Office (OLAF) for the purposes of safeguarding the financial interests of the European Union. The Applicant shall have the right of access to his/her personal data and the right to rectify any such data that is inaccurate or incomplete. To exercise the mentioned rights, you can contact the controller by sending an email to: [applicant.services@easa.europa.eu](mailto:applicant.services@easa.europa.eu). Should the Applicant consider that his/her data protection rights have been breached, he/she can always lodge a complaint with the EASA’s Data Protection Officer: [dpo@easa.europa.eu](mailto:dpo@easa.europa.eu). The Applicant shall have right of recourse at any time to the European Data Protection Supervisor ([edps@edps.europa.eu](mailto:edps@edps.europa.eu)).  The Applicant can further consult how to exercise his/her rights on the privacy statement provided on the EASA website: [www.easa.europa.eu/data-protection](http://www.easa.europa.eu/data-protection). |

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| Please double-click on the icon to access the completion instructions.  This Application should be sent by e-mail to: [applicant.services@easa.europa.eu](mailto:applicant.services@easa.europa.eu) |  |

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| 1. Your Reference Mandatory for any application | Please provide a brief and unique identifier used inside your organisation for this application and EASA can use to refer to. |
| 2. Organisation Business Email Mandatory for any application | This email address will be used for all technical communication including: the automatic technical notifications (audit plan, report, findings) sent by the Organisation Approvals Tool (OA-Tool) used by EASA. |

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| 3. Applicant Address and Contact DataNote: these fields are mandatory for any application | | | | | | | | |
| 3.1. Applicant Data | | | | | | | | |
| 3.1.1. Organisation Name and Address (The registered (business) name and address / the legal seat of the organisation) | | EASA Account Number | | 3XXXXX (if known) | | | | |
| Registered Name | | Enter registered Name as specified in the Certificate of Incorporation | | | | |
| Trading Name | | If applicable, enter Trading Name / Doing Business as Name | | | | |
| Street / Nr | |  | | | | |
| Post Code | |  | | City | |  |
| Country | |  | | | | |
| **Important Note:** First time applicants need to submit a copy of the company’s **Certificate of Incorporation**/**Business Registration** or similar legal document stating name and seat of the company together with the application. | | | | | | | | |
| 3.1.2 Billing Address(EASA Fees and Charges Invoices will state the address entered here.) | | (Company) Name | | Same as in section 3.1.1 (other name only in exceptional cases) | | | | |
| Street / Nr | |  | | | | |
| PO Box | |  | | | | |
| Post Code | |  | | | City |  |
| Country | |  | | | | |
| 3.1.3 Contact Person(The electronic invoice(s) will be issued to the email address indicated here.) | Title | | Mr | | Ms | | | |
| Surname / Family name | | As stated in a government issued ID like a passport or driver’s license | | | | | |
| Given name / Forename | | As stated in a government issued ID like a passport or driver’s license | | | | | |
| Job title | |  | | | | | |
| Phone / Email | | / Generic email address, if available, e.g. accounting@company.com | | | | | |

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| 3.2. Nominated and designated Post Holders | | | |
| 3.2.1. Accountable Manager(Responsible for ensuring the EASA terms of payment are honoured) | Title | Mr | Ms |
| Surname / Family name | As stated in a government issued ID like a passport or driver’s license | |
| Given name / Forename | As stated in a government issued ID like a passport or driver’s license | |
| Job title |  | |
| Phone / Email |  | |
| 3.2.2. Compliance Manager(FSTD Manager or any other title chosen by the organisation to nominate the person in charge of the FSTD operation) | Title | Mr | Ms |
| Surname / Family name | As stated in a government issued ID like a passport or driver’s license | |
| Given name / Forename | As stated in a government issued ID like a passport or driver’s license | |
| Job title |  | |
| Phone / Email |  | |
| 3.2.3. Compliance Monitoring Manager | Title | Mr | Ms |
| Surname / Family name | As stated in a government issued ID like a passport or driver’s license | |
| Given name / Forename | As stated in a government issued ID like a passport or driver’s license | |
| Job title |  | |
| Phone / Email |  | |
| 3.2.4. Safety Manager | Title | Mr | Ms |
| Surname / Family name | As stated in a government issued ID like a passport or driver’s license | |
| Given name / Forename | As stated in a government issued ID like a passport or driver’s license | |
| Job title |  | |
| Phone / Email |  | |
| 3.2.5. Information Security Manager | Title | Mr | Ms |
| Surname / Family name | As stated in a government issued ID like a passport or driver’s license | |
| Given name / Forename | As stated in a government issued ID like a passport or driver’s license | |
| Job title |  | |
| Phone / Email |  | |

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| 3.3 PPoB (Principal Place of Business) / Device Location (may be left blank, if same as 3.1 Applicant Data) | | | | |
| 3.3.1 PPoB Address | (Company) Name |  | | |
| Street / Nr |  | | |
| Post Code |  | City |  |
| Country |  | | |
| 3.3.2 Device Location Address | (Company) Name |  | | |
| Street / Nr |  | | |
| Post Code |  | City |  |
| Country |  | | |

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| 4 Identification of activity | | |
| 4.1 FSTDO | Initial verification of the management system / new location – Proceed to 6 | Application forms for 4.1 and 4.2 **cannot be combined**. Please submit two separate applications. |
| 4.2 FSTD | Initial qualification / initial issuance of certificate based on other EU certificate |
| 1. A minimum of three (3) months’ notice is required before any evaluation or audit may be conducted. The on-site activities are dependent on the availability of EASA teams, the compliance demonstration of the FSTDO/FSTD and is discussed with the operator during the kick off meeting. 2. In case of an initial verification of the management system compliance of an organisation:  * The documentation must be sent to EASA to start the project, please refer to section 7; * The onsite activities will take place only when:   + the organisation has demonstrated having sufficient qualified personnel;   + the demonstration of compliance has been proven by the applicant through their documentation.  1. Prior to the onsite evaluation, the FSTDO and the device shall be in compliance with all applicable requirements. 2. The device to be qualified must be available to the evaluation team on the agreed date and for the necessary timeframe. 3. This application has a validity of 12 months from the date it is received by EASA. | | |

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| 5 FSTD Details | | | | | |
| 5.1 Type of simulated aircraft(If the device can simulate more than one aircraft type or variant, please submit a separate application for each of them.) | Model  (Type of aircraft and variant) | |  | | |
| Number of equipment fit configuration(s) | | 1  2  3 or more | | |
| List of equipment fit configuration(s) | |  | | |
| Number of engine fit configuration(s) | | 1  2  3 or more | | |
| List of engine fit configuration(s) | |  | | |
| Activity combined with an OEB/OSD activity | | Yes  No | | |
| **5.2** **Class of aeroplane / type of helicopter** (for replicating devices, i.e. FNPT)  (If the device simulates more than one please submit a separate application for each of them.) | Model  (Replicated class of aeroplane or type of helicopter) | | Single engine piston or equivalent  Multi engine piston or equivalent  Single / multi engine turboprop or turbofan or equivalent  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **5.3 Level of qualification**  (Please refer to the Completion Instruction section at the beginning of the form to ensure the right information is provided.) | **Aeroplane / CS-FSTD(A)** | | **Helicopter / CS-FSTD(H)** | | |
| **Special condition(s)** according to ORA.FSTD.210 | | | | |
| **Other PRD (please specify):**  *Only in case of initial issuance of certificate based on other EU certificate* | | | | |
| **BITD** |  | | | |
| **FNPT** | I | II | III | +MCC |
| **FTD** | 1 | 2 | 3 | |
| **FFS** | A | B | C | D |
| 5.4 Device information | Device manufacturer | |  | | |
| Platform serial number | |  | | |
| Number of FSTD hosted by the platform | | 1  2  3 or more | | |
| Date of entry into service | | Click or tap to enter a date. | | |
| The FSTD is already holding a European Union FSTD qualification certificate | | Yes  No  FSTD ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| FSTDO compliance to EU rules verified by EASA.  Last onsite surveillance audit | | Yes  No | | |
| Click or tap to enter a date. | | |
| 5.4.1 Visual system(If applicable) | Visual manufacturer | |  | | |
| Image generator (IG) model | |  | | |
| Projector Technology | | *(CRT, LCoS, DLP, LCoS-Laser, DLP-LED, etc.)* | | |
| Field of view | | *Horizontal x Vertical in degrees* | | |
| Collimated system | | Yes  No | | |
| 5.4.2 Motion system(If applicable. To be completed only in the case of devices fitted with a motion system, motion seats, vibration platform, etc.) | Motion manufacturer | |  | | |
| Motion model | |  | | |
| Stroke length | |  | | |
| Motion technology | | *e.g. hydraulic, electric, etc.* | | |
| Degrees of freedom | |  | | |
| Other features | | *e.g. motion seats, vibration platform, etc.* | | |
| 5.4.3 Option | Full/Post stall | | Yes  No | | |
| 5.4.4 Instrument fit |  | | | | |
| 5.4.5 ACAS fit |  | | | | |
| 5.4.6 Windshear | Yes  No | | | | |
| 5.4.7 Additional capabilities |  | | | | |
| 5.4.8 VDR reference or engineering report |  | | | | |

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| **5.4.9 Guidance information for training, testing and checking considerations** | |  | | ***Yes – n/a – Yes (partially)*** |
|  | CAT I | RVR: | DH: | yes  n/a |
|  | CAT II | RVR: | DH: | yes  n/a |
|  | CAT III (lowest minimum) | RVR: | DH: | yes  n/a |
|  | LVTO | RVR: |  | yes  n/a |
|  | Recency |  | | yes  n/a |
|  | IFR-training |  | | yes  n/a |
|  | IFR check |  | | yes  n/a |
|  | Type rating |  | | yes  n/a  yes (partially) |
|  | Proficiency checks |  | | yes  n/a |
|  | Autocoupled approach |  | | yes  n/a  yes (partially) |
|  | Autoland |  | | yes  n/a  yes (partially) |
|  | Roll out guidance |  | | yes  n/a  yes (partially) |
|  | ACAS I |  | | yes  n/a  yes (partially) |
|  | ACAS II |  | | yes  n/a  yes (partially) |
|  | Windshear warning system |  | | yes  n/a  yes (partially) |
|  | Predictive windshear |  | | yes  n/a  yes (partially) |
|  | WX-radar |  | | yes  n/a  yes (partially) |
|  | HUD |  | | yes  n/a  yes (partially) |
|  | HUGS |  | | yes  n/a  yes (partially) |
|  | FANS |  | | yes  n/a  yes (partially) |
|  | GPWS |  | | yes  n/a  yes (partially) |
|  | EGPWS |  | | yes  n/a  yes (partially) |
|  | ETOPS capability |  | | yes  n/a |
|  | GPS |  | | yes  n/a |
|  | RNP APCH LNAV |  | | yes  n/a  yes (partially) |
|  | RNP APCH LNAV/VNAV |  | | yes  n/a  yes (partially) |
|  | RNP APCH LPV |  | | yes  n/a  yes (partially) |
|  | RNP AR APCH |  | | yes  n/a  yes (partially) |
|  | OTHER |  | | |

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| 6 Dates | |
| 6.1 Start for the management system audit OR device evaluation | Click or tap to enter a date. |
| 6.2 Qualification Test Guide (QTG) submission with the part B of the application letter | Click or tap to enter a date. |
| 6.3 Intended Ready For Training (RFT) | Click or tap to enter a date. |

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| 7 Documents and manuals to be submitted with application (as applicable) |
| For initial verification of Management System or new device location:  Management System documentation  Certificate of Incorporation  For initial issuance of certificate based on other EU certificate  Initial documentation according to ORA.FSTD.240  The last 2 years evaluation reports |
| 8 Additional comments(Additional features, capabilities or special equipment not covered in section 5, or any other information considered to be relevant to be able to complete the requested activity.) |
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| 9 Applicant’s declaration and acceptance of the General Conditions and Terms of Payment | | |
| I declare that I have the legal capacity to submit this application to EASA and that all information provided in this application form is correct and complete.  I have understood that I am submitting an application for which fees or charges will be levied by EASA in accordance with Commission Implementing Regulation (EU) on the fees and charges levied by the European Union Aviation Safety Agency, as last amended and available from <http://www.easa.europa.eu/> > Regulations > Fees & Charges.  I acknowledge that I have read and understood the Agency’s Terms of Payment (see <http://www.easa.europa.eu/> > the Agency > FAQs > > Fees & Charges > Downloads > Terms of Payment) and agree to abide by them. I declare to be aware that fees or charges, as well as all relevant travel costs must be paid whether or not the application is successful and that they might not be refundable. Moreover, I declare that I am aware of the consequences of non-payment. | | |
|  |  |  |
| Date/Location | Name | Signature of the Accountable Manager\*\* |
| **\*\*Important note:** EASA does not accept applications without signature. **The signature** of either the Accountable Manager or of the new proposed Accountable Manager **is always required.** | | |