

Application for Activities related to CHANGES to Flight Simulation Training Devices / Organisation operating Flight Simulation Training Devices Under REGULATION (EU) No 1178/2011 as retained (and amended in UK domestic law) under the European Union (Withdrawal) Act 2018



This notification is sent to FSTD.Standards@caa.co.uk. If, following a review by the FSTD Team, a special evaluation on site is required the organisation may be requested to send the CAA a SRG2198 form.

1 Applicant Address and Contact Data		
1.1 Name and Address Registered (business) name and address of the company	(Company) Name	
	Street / No.	
	City	
	Country	
	Post Code	
1.2 Contact Person (Responsible for this application)	Title	Mr Ms
	Surname	
	First name	
	Job title	
	Phone	
	E-mail	
1.3 FSTD	FSTD ID (as shown on qualification certificate)	
	Date of last evaluation (dd/mm/yyyy)	
	FSTD under Extended Evaluation Programme (EEP)?	No Yes: <u>Date of last evaluation:</u>

2 Changes (Only complete the parts affected by the change)		
2.1 Changes to Billing Data		No (Proceed to 2.2) Yes (Please specify changes below)
2.1.1 Billing Address	(Company) Name	
	Street / No.	
	PO Box	
	City	
	Country	
	Post Code	
2.1.2 Contact Person	Title	Mr Ms
	Surname	
	First name	
	Job title	
	Phone	
	E-mail	
2.2 Change of FSTD Location		No (Proceed to 2.3) Yes (Please specify changes below)
2.2.1 New Device Location Address	(Company) Name	
	Street / No.	
	City	
	Country	
	Post Code	
2.2.2 Contact Person at New location	Title	Mr Ms
	Surname	
	First name	
	Job title	
	Phone	
	E-mail	

2.3 Changes to FSTD		No (Proceed to 2.4)	Yes (Please specify changes below)
2.3.1	Modification	Modification This application has to be sent only if requested by the CAA after the review of FSTD Modification Information Sheet SRG2022 in case additional hours are needed for assessment. <u>The CAA FSTD Application Form SRG2198 must be submitted with this application.</u>	
2.3.2	EEP (See paragraph 4)	FSTD to be considered for Extended Evaluation Programme (EEP) Proposed starting date (dd/mm/yyyy): Proposed period: 2 years 3 years	
2.3.3	Certificate (See paragraph 4)	Administrative re-issuance of an FSTD qualification certificate	
		Reason for re-issuance	
2.3.4	Deactivation (See paragraph 4)	FSTD de-activation (This should be sent to the CAA with as much notice as possible, ideally at least 5 months, prior to the FSTD due date for recurrent evaluation) Date of De-activation (dd/mm/yyyy):	
2.3.5	Reactivation (See paragraph 3 Note)	FSTD re-activation Date of Re-activation (dd/mm/yyyy):	
2.3.6	Surrender (See paragraph 4)	FSTD qualification certificate surrender (This should be sent to the CAA with as much notice as possible, ideally at least 5 months, prior to the FSTD due date for recurrent evaluation) Date of surrender (dd/mm/yyyy): Please return ALL hardcopy certificate revisions (current and previous) to the CAA	
2.4 Changes to the Organisation		No (Proceed to 3)	Yes (Please specify changes below)
2.4.1	Post holder Nominee <ul style="list-style-type: none"> Accountable Manager Compliance Manager (e.g. Engineering Manager) Compliance Monitoring Manager 	Title	Mr Ms
		Surname	
		First name	
		Nominated for the post (see completion instructions)	
		Phone	
		E-mail	
		Qualifications relevant to the post	
		Experience relevant to the post	
2.4.2	Documentation (Management System Manuals, Procedures) (See paragraph 4)	Major changes to the organisation documentation	

3 Dates	
3.1 Requested FSTD evaluation start date	(dd/mm/yyyy)
3.2 Intended Ready For Training (RFT) date	(dd/mm/yyyy)
Important Note: A minimum of three (3) months' notice is required before any evaluation or audit may be conducted.	

4 Documents and manuals to be submitted with application (as applicable)
<p>CAA FSTD Application Form SRG2198</p> <p>Amendment to the Management System documentation describing the EEP process</p> <p>Amended Management System manual, procedures</p> <p>Surrendered certificate documentation (<u>all previously issued hardcopy revisions</u> of the qualification certificate)</p> <p>FSTD De-activation supporting plan, documentation</p>

5 Additional comments
(Additional features, capabilities or special equipment not covered above, or any other information considered to be relevant to be able to complete the requested activity.)

6 FSTD operator representative						
<table> <tr> <td>Name:</td> <td>Job title:</td> </tr> <tr> <td>Phone:</td> <td>E-mail:</td> </tr> <tr> <td>Date:</td> <td>Signature:</td> </tr> </table>	Name:	Job title:	Phone:	E-mail:	Date:	Signature:
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Phone:	E-mail:					
Date:	Signature:					