



Form No.FOD.CAT3.F.801g

Version No. 3

Issue Date: 31/12/2016

**FSTD REQUALIFICATION
APPLICATION FORM****FSTD RE-QUALIFICATION APPLICATION FORM**

This application form is to be used for activities related to qualified Flight Simulation Training devices.

For Initial qualifications use form FOD.CAT3. 801b or FOD.CAT3.801c

Please complete the form in BLOCK CAPITALS having read the guidance notes attached to this form.

Evaluation Complete sections 1,2,3,4,5,7,8,9,10 & 11	<input checked="" type="checkbox"/> Recurrent FSTD evaluation <input type="checkbox"/> FSTD to be considered for extended evaluation period
Changes to a qualified FSTD Evaluation of an already qualified Flight Simulation Training Device following a modification. Complete all sections	<input type="checkbox"/> FSTD modification <input type="checkbox"/> Change of qualification level <input type="checkbox"/> FSTD relocation <input type="checkbox"/> Re-issuance of an FSTD qualification certificate
Activities for organisations only operating FSTDs Complete sections 1,5,7,8,9,10 & 11	<input type="checkbox"/> Management System/Compliance Monitoring System Audit.

SECTION ONE: FSTD OPERATOR DETAILS

1 (a) Name of Applicant FSTD Operator : AFT LTD

1 (b) FSTD Qualification Number: JE314 expiry Date (dd/mm/yyyy).....

1 (c) Business Address: BUILDING 4500, CORK AIRPORT, BUSINESS PARK
.....Postcode: T12 NX7D Country: IRELAND

1 (d) Postal Address (if different from above):
.....Postcode: Country:

1 (e) Business Contact details

Phone No.: 021 4888 737 Mobile No: Fax No:

E-mail address: INFO@AFTA.IE Website address: http://www.AFTA.IE

1 (f) The above Applicant requests the evaluation of its Flight Simulation Training Device for Regulation Aircrew and CS-FSTD A/H for the following configurations and engine fits as applicable:

e.g. 767 PW/GE and 757RR

1. DA42 - VJ 3.

2. 4.

1 (g) Dates requested are dd/mm/yyyy): 4th / 5th April



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SECTION TWO: TYPE OF FSTD

FSTD Manufacturer Name and Serial No.:	ALSIM A42M2-12				
Visual System, if applicable:	HDVS 3 - PANASONIC EZ590				
Primary Reference Document:	CS FSTD (A)				
Qualification Level Sought: (Please tick one)					
1. Full Flight Simulator FFS	A	B	C	D	Sp./CAT
2. Flight Training Device FTD	1	2	3		
3. Flight and Navigation Procedures Trainer, FNPT	I	II	III	II MCC ✓	III MCC

SECTION THREE: VISUAL DATABASES DECLARED (Where applicable)

Aerodrome	Visual Ground Segment Runway
1. SHANNON	109.5 RW 06 110.9 SRW 24
2. DUBLIN	113.5 RW 28L 108.9 RW 10R
3. CORK	114.6 RW 16/34
4. HEATHROW	110.3 RW 09 4L / 27R 109.5 RW 09 R / 27L

SECTION FOUR: QTG's

Number of QTG's run in last year (If All, state "ALL")	ALL
Number of Marginal results. (QTG Numbers)	NONE
Number of Failures. (QTG Numbers)	NONE
Numbers of QTG's not run	NONE

SECTION FIVE: MANUALS AND DOCUMENTATION

Manuals and Documentation: Current Issue No and Date (Where applicable)

Manual / Documentation	Current Issue No	Date (dd/mm/yyyy)
Operations Manual	OMM Part 2 1E314	Ver 2.0 and 10.0
Training Manual	OMM Part 1 Ver 2	and 5.0 subpart 1A
Compliance Monitoring Manual	omm part 1 Ver 2	and 5.0 subpart 1A



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N/A

SECTION SEVEN: ACCOMMODATION (where applicable)

Type	Location	Size	Number of Rooms
Lecture Rooms	NO CHANGE		
Briefing Cubicles	"		
Students Rest Room(s)	"		
Lavatories/Wash Room(s)	"		
Room(s) for administrative staff	"		

(If no changes from previous approval – state 'No Change')

SECTION EIGHT: DETAILS OF COMPLIANCE MONITORING SYSTEM

	Audits / Serial Numbers
Audits Scheduled since last IAA visit	See Dossier
Audits completed / in progress since last IAA visit	"
Scheduled Audits still to be commenced	NONE

SECTION NINE: MANAGEMENT STRUCTURE

(If no changes from previous approval – state 'No Change')

Post	Name	Type of Licence(s) held	Full Time / Part Time
Accountable Manager	MARK CASEY	ATPL (A)	FULL
Compliance Monitoring Manager	KYLE Johnston	ATPL (A)	FULL
Maintenance Manager	Michael Smith	NONE	FULL



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**FSTD REQUALIFICATION
APPLICATION FORM****SECTION TEN: GUIDANCE MATERIAL FOR APPLICANTS COMPLETING FORM FOD.F.801g****10(a) Guidance Material:** (Note: This form may also be used for Variation and Re-location).

- i. Please complete the form in BLOCK CAPITALS except where signatures are required.
- ii. The applicant must ensure, prior to revalidation application, that all operations and quality manuals are up to date and compliant with current regulations.
- iii. The issue of an approval highly depends on a robust quality system and applicants must ensure that all scheduled quality audits are complete and available for inspection.

Note: Approval applicants are reminded that the up to date versions of Regulation Aircrew and CS-FSTD A (aeroplane) or H (helicopter), as applicable, will be used by Authority inspectors to assess approval applications.

10(b) IMPORTANT NOTE REGARDING FEES:

The minimum FSTD Qualification Fee, as set out in the Irish Aviation Authority (Fees) Order, must accompany this application form. If higher costs are incurred by the Authority during its investigations/approval duties, such costs will be notified to and agreed with the applicant. If Approval is not granted, fees will be refunded, but such costs as have accrued in the investigation will be retained by the Authority. (The Irish Aviation Authority (Fees) Order refers).

SECTION ELEVEN: DECLARATION AND SUBMISSION**11(a) Declaration**

I certify that all the above information given is complete and correct.

Signature: [Signature] Date (dd/mm/yyyy): 01-03-2024

Name (Block Capitals): MICHAEL SMITH Accountable Manager: [Signature]

For (Name of Organisation): AFT LTD

Please note that a minimum of 30 working days will normally be required to check and confirm the information given above - If data is missing or omitted the process may take considerably longer.

11 (b) Submissions and Enquiries

This Form should be completed and submitted together with the appropriate application fee to:

Address for submissions:	Contact details for enquiries:
Flight Operations Department Irish Aviation Authority The Times Building 11-12 D'Olier Street Dublin 2	Email: fod@iaa.ie Subject: FSTD Re-qualification Tel: +35316031148 Fax: +35316774460

IAA use only:

Received on		Receipt Number:	
Amount €		Enclosures:	