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**REPUBLIKA E SHQIPËRISË**

***REPUBLIC OF ALBANIA***

**AUTORITETI I AVIACIONIT CIVIL**

*CIVIL AVIATION AUTHORITY*

**FSTD USER APPROVAL**

**APPLICATION / EVALUATION FORM**

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

Albanian Civil Aviation Authority, DAMO Directorate, Rruga Sulejman Delvina, P.O. box 205

Tirana

**Part A Training device details**

|  |  |
| --- | --- |
| Current/Previous User Approval expiry date: (For initial application state “INITIAL”) |  |
| JAR FSTD Approval / Certification No. |  |
| Location : |  |
| Aircraft type represented: |  |
| Engine type(s): |  |
| Approval Level |  |
| Qualification Valid until: (Attach current Qualification Certificate) |  |
| Restrictions: |  |

**Part B Description of Training program**

In this part reference should be made to the relevant part of OM-D for the training and checking intended to be done in the FSTD to be approved for use.

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| Training element | Operator already approved (Y/N) |
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**Part C Configuration Difference list**

This part must list all the differences between the FSTD and the aircraft configuration with the following codes: S = FSTD configuration, A = aircraft configuration. Use as reference the ODR tables in AMC OPS 1.980(b)

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| --- | --- | --- | --- | --- | --- | --- |
|  | | | **Compliance Level (See Part D)** | | | |
| **ATA Chapter** | **Difference** | **Any effect on Flight?** | **Any effect on**  **Procedures?** | **Training** | **Checking**  **Testing** | **\*See**  **Part D** |
| **Example:** | | | | | | |
| 34 Navigation | S: PVD Installed  A: PVD Not Installed | No | No | A | A | 1 |
| 34 Navigation | S: TCAS on ND / MAP A: TCAS on IVSI | No | No | B | B | 2 |
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**Part D Compliance method / remarks**

Enter in this part the evaluation of the differences having regard to the training or checking to be performed

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| --- | --- |
| **Note** | **Evaluation** |
|  | **Example** |
| 1 | PVD used by BA for LVTO |
| 2 | TCAS training shall be conducted by CBT (Module x) |
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**ESIGNATURE BLOCK**

I apply for the grant of the User Approval of the FSTD.

Signature:............................................................................ Date:................................................

Name (BLOCK LETTERS)..................................................................................................................................

Position: ................................CREW TRAINING POSTHOLDER.....................................................................

**Part F RESERVED TO ACAA**

**Flight Operations Inspector evaluation section**

Enter the acceptance /rejection and conditions based on the Operator’s evaluation of differences. Use the same numbers as stated in part D.

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| --- | --- |
| **Note** | **Acceptance / Rejection explanation** |
|  | **Example** |
| 1 | Acceptable |
| 2 | Acceptable for Conversion training. Unacceptable for PC if TCAS in scenario |
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**G. ACAA FOI SIGNATURE BLOCK**

In accordance with current procedures in the ACAA Inspecting Staff Manual, I recommend the user approval of FSTD.

Signature:.................................................................... Date:............................................

Name (BLOCK LETTERS)........................................................................................................................

Position: ................................FLIGHT OPERATIONS INSPECTOR…….................................................