

Figure A4B – Sample Letter , Request for Initial, Upgrade, or Reinstatement Evaluation

Attachment: FSTD Information Form

INFORMATION

Date: _____

Section 1. FSTD Information and Characteristics

Sponsor Name:	_____	FSTD Location:	
Address:	_____ _____	Physical Address:	_____ _____
City:	_____	City:	_____
State:	_____	State:	_____
Country:	_____	Country:	_____
ZIP:	_____	ZIP:	_____
Manager	_____		
Sponsor ID No: <i>(Four Letter FAA Designator)</i>	_____	Nearest Airport: <i>(Airport Designator)</i>	_____

Type of Evaluation Requested:		<input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Recurrent <input type="checkbox"/> Special <input type="checkbox"/> Reinstatement	
Qualification Basis:	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> Interim C <input type="checkbox"/> C	<input type="checkbox"/> D
	<input type="checkbox"/> 6 <input type="checkbox"/> 7	<input type="checkbox"/> Provisional Status	

Initial Qualification: <i>(If Applicable)</i>	Date: _____ Level _____	Manufacturer's Identification/Serial No:	_____
Upgrade Qualification: <i>(If Applicable)</i>	Date: _____ Level _____ MM/DD/YYYY	<input type="checkbox"/> eQTG	

Other Technical Information:

FAA FSTD ID No: <i>(If Applicable)</i>	_____	FSTD Manufacturer:	_____
Convertible FSTD:	<input type="checkbox"/> Yes:	Date of Manufacture:	_____ MM/DD/YYYY
Related FAA ID No. <i>(If Applicable)</i>	_____	Sponsor FSTD ID No:	_____
Airplane model/series:	_____	Source of aerodynamic model:	_____
Engine model(s) and data revision:	_____	Source of aerodynamic coefficient data:	_____
FMS identification and revision level:	_____	Aerodynamic data revision number:	_____
Visual system manufacturer/model:	_____	Visual system display:	_____
Flight control data revision:	_____	FSTD computer(s) identification:	_____
Motion system manufacturer/type:	_____		

National Aviation Authority (NAA): <i>(If Applicable)</i>	_____		_____
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