

## Figure A4E – Sample Statement of Qualification; Configuration List

## INFORMATION

NAA Qualification Basis: _____		_____	
Visual System Manufacturer and Type: _____		Motion System Manufacturer and Type: _____	
Aircraft Make/Model/Series: _____		FSTD Seats Available: _____	
Aircraft Equipment	ENGINE TYPE(S): _____	Flight Instrumentation: <input type="checkbox"/> EFIS <input type="checkbox"/> HUD <input type="checkbox"/> HGS <input type="checkbox"/> EFVS <input type="checkbox"/> TCAS <input type="checkbox"/> GPWS <input type="checkbox"/> Plain View <input type="checkbox"/> GPS <input type="checkbox"/> FMS Type: _____ <input type="checkbox"/> WX Radar <input type="checkbox"/> Other: _____	Engine  Instrumentation:  <input type="checkbox"/> EICAS <input type="checkbox"/> FADEC <input type="checkbox"/> Other: _____

Airport Models:	3.6.1 _____ <i>Airport Designator</i>	3.6.2 _____ <i>Airport Designator</i>	3.6.3 _____ <i>Airport Designator</i>
Circle to Land:	3.7.1 _____ <i>Airport Designator</i>	3.7.2 _____ <i>Approach</i>	3.7.3 _____ <i>Landing Runway</i>
Visual Ground Segment	3.8.1 _____ <i>Airport Designator</i>	3.8.2 _____ <i>Approach</i>	3.8.3 _____ <i>Landing Runway</i>

## Section 2. Supplementary Information

FAA Training Program Approval Authority: _____		<input type="checkbox"/> POI <input type="checkbox"/> TCPM <input type="checkbox"/> Other: _____	
Name: _____	Office: _____	_____	
Tel: _____	Fax: _____	_____	
Email: _____	_____		

## FSTD Scheduling Person:

Name: _____	_____		
Address 1: _____	Address 2: _____	_____	
City: _____	State: _____	_____	
ZIP: _____	Email: _____	_____	
Tel: _____	Fax: _____	_____	

## FSTD Technical Contact:

Name: _____	_____		
Address 1: _____	Address 2: _____	_____	
City: _____	State: _____	_____	
ZIP: _____	Email: _____	_____	
Tel: _____	Fax: _____	_____	

## Section 3. Training, Testing and Checking Considerations

Area/Function/Maneuver	Requested	Remarks
Private Pilot - Training / Checks: (142)	<input type="checkbox"/>	_____
Commercial Pilot - Training /Checks:(142)	<input type="checkbox"/>	_____
Multi-Engine Rating - Training / Checks (142)	<input type="checkbox"/>	_____
Instrument Rating -Training / Checks (142)	<input type="checkbox"/>	_____
Type Rating - Training / Checks (135/121/142)	<input type="checkbox"/>	_____