ATTACHMENT 4 TO APPENDIX C TO PART 60—

Figure A4A – Sample Letter , Request for Initial, Upgrade, or Reinstatement Evaluation INFORMATION

Date _____

Charles A. Spillner
Manager, National Simulator Program
Federal Aviation Administration
100 Hartsfield Centre Parkway
Suite 400
Atlanta, GA 30354

Dear Mr. Spillner:

RE: Request for Initial/Upgrade Evaluation Date

This is to advise you of our intent to request an (initial or upgrade) evaluation of our (FSTD Manufacturer), (Aircraft Type/Level) Flight Simulation Training Device (FSTD), (FAA ID Number, if previously qualified), located in (City, State) at the (Facility) on (Proposed Evaluation Date). (The proposed evaluation date shall not be more than 180 days following the date of this letter.) The FSTD will be sponsored by (Name of Training Center/Air Carrier), FAA Designator (4 Letter Code). The FSTD will be sponsored under the following options: (Select One)

☐ The FSTD will be used within the sponsor's FAA approved training program and placed on the sponsor's Training/Operations Specifications; or

☐ The FSTD will be used for dry lease only in accordance with Paragraph 3b, FSTD Guidance Bulletin 03-08.

We agree to provide the formal request for the evaluation (*Ref: Appendix 4, AC 120-40B*) to your staff as follows: (check one)

☐ For QTG tests run at the factory, not later, than 45 days prior to the proposed evaluation date with the additional "l/3 on-site" tests provided not later than 14 days prior to the proposed evaluation date.

☐ For QTG tests run on-site, not later than 30 days prior to the proposed evaluation date.

We understand that the formal request will contain the following documents:

7. Sponsor's Letter of Request (*Company Compliance Letter*).
8. Principal Operations Inspector (POI) or Training Center Program Manager's (TCPM) endorsement.
9. Complete QTG.

If we are unable to meet the above requirements, we understand this may result in a significant delay, perhaps 45 days or more, in rescheduling and completing the evaluation.

(The sponsor should add additional comments as necessary).

Please contact (Name Telephone and Fax Number of Sponsor's Contact) to confirm the date for this initial evaluation. We understand a member of your National Simulator Program staff will respond to this request within 14 days.

A copy of this letter of intent has been provided to (Name), the Principal Operations Inspector (POI) and/or Training Center Program Manager (TCPM).

Sincerely,

Attachment: FSTD Information Form
cc: POI/TCPM