

Figure D4B – Sample Letter , Request for Initial, Upgrade, or Reinstatement Evaluation

Attachment: FSTD Information Form

INFORMATION

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:	_____