

## Figure C4B – Sample Letter, Request for Initial, Upgrade, or Reinstatement Evaluation

## Attachment: FFS Information Form

## INFORMATION

Date: _____				
<b>Section 1. FSTD Information and Characteristics</b>				
Sponsor Name: _____		FSTD Location: _____		
Address: _____		Physical Address: _____		_____
City: _____		City: _____		_____
State: _____		State: _____		_____
Country: _____		Country: _____		_____
ZIP: _____		ZIP: _____		_____
Manager _____				
Sponsor ID No: (Four Letter FAA Designator) _____		Nearest Airport: (Airport Designator) _____		
Type of Evaluation Requested: _____				
<input type="checkbox"/> Initial <input type="checkbox"/> Upgrade <input type="checkbox"/> Continuing Qualification <input type="checkbox"/> Special <input type="checkbox"/> Reinstatement				
Aircraft Make/model/series: _____				
Initial Qualification: (If Applicable)		Date: _____ Level _____ MM/DD/YYYY		Manufacturer's Identification or Serial Number _____
Upgrade Qualification: (If Applicable)		Date: _____ Level _____ MM/DD/YYYY		<input type="checkbox"/> eMQTG
Qualification Basis: _____		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> Interim C
		<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> Provisional Status
<input type="checkbox"/> C <input type="checkbox"/> D				
Other Technical Information:				
FAA FSTD ID No: (If Applicable) _____		FSTD Manufacturer: _____		
Convertible FSTD: <input type="checkbox"/> Yes: _____		Date of Manufacture: _____ MM/DD/YYYY		
Related FAA ID No. (If Applicable) _____		Sponsor FSTD ID No: _____		
Engine model(s) and data revision: _____		Source of aerodynamic model: _____		
FMS identification and revision level: _____		Source of aerodynamic coefficient data: _____		
Visual system manufacturer/model: _____		Aerodynamic data revision number: _____		
Flight control data revision: _____		Visual system display: _____		
Motion system manufacturer/type: _____		FSTD computer(s) identification: _____		
National Aviation Authority (NAA): (If Applicable) _____				
NAA FSTD ID No: _____		Last NAA Evaluation Date: _____		_____
NAA Qualification Level: _____				
NAA Qualification Basis: _____				
Visual System Manufacturer and Type: _____				
		FSTD Seats Available: _____	Motion System Manufacturer and Type: _____	