

# STATEMENT of QUALIFICATION CONFIGURATION LIST

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	
Upgrade Qualification: (If Applicable)		Date: _____ Level _____ MM/DD/YYYY	
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	
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: _____	
Mot ion 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: _____			