

Attachment 4 to Appendix A to Part 60—
Figure A4B – Sample Letter , Request for Initial, Upgrade, or Reinstatement
Evaluation
Attachment: FSTD Information Form
INFORMATION

Date: _____			
Section 1. FSTD Information and Characteristics			
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"/> 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: _____		
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: _____	_____: