

Attachment 4 to Appendix A to Part 60—
Figure A4F – Sample Statement of Qualification; Configuration List
INFORMATION

STATEMENT OF QUALIFICATION CONFIGURATION LIST

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:	_____		
FMS identification and revision level:	_____		
Visual system manufacturer/model:	_____		
Flight control data revision:	_____		
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:	_____		