## Pt. 60, App. B

## Attachment 4 to Appendix B to Part 60— Figure B4B – Sample Letter , Request for Initial, Upgrade, or Reinstatement Evaluation Attachment: FSTD Information Form INFORMATION

Date:				
	Section 1. FSTD Informa	tion and Characteris	stics	
Sponsor Name:		FSTD Location:	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:		tial 🔲 Upgrade 🔲 Continu instatement	ing Qualification 🗌 Special	
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	□ eMQTG		
Qualification Basis:	A   D	B 🔲 Interim C	□ C	
to.		Provisional	Status	
Other Technical Information:				
FAA FSTD ID No: (If Applicable)		FSTD Manufacturer:		
Convertible FSTD:	☐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:	-			
		1		
Visual System Manufacturer and Type:	FSTD Seats Available:	Motion System Manu and Type:	facturer:	