

Attachment 4 to Appendix C to Part 60—
Figure C4F – 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: _____	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:	_____		