Attachment 4 to Appendix C to Part 60— Figure C4F – Sample Statement of Qualification; Configuration List INFORMATION tem Manufacturer FSTD Seats Motion System Manufacturer

| Visual System Manufacturer and Type: | | STD Seats Available: | Motion and Ty | n System Manufacti ype: | : | |
|--|--|-------------------------|-----------------------------|---|--|--|
| Aircraft Equipment: Engine 1 | - ☐ TCAS ☐ ☐ GPS ☐ | | mentation: HUD | | Engine Instrumentation: EICAS FADEC Other: | |
| | | | | | | |
| Airport Models: | 3.6.1 Airport Designator | | 3.6.2 Airport Designator | | 3.6.3 Airport Designator | |
| Circle to Land: | 3. 7.1 | | 3. 7.2 | | 3. 7.3 | |
| Visual Ground Segment | Airport Designator 3.8.1 Airport Designator | | Approach 3.8.2 Approach | | Landing Runway 3. 8.3 Landing Runway | |
| | | | | | | |
| Section 2. Supplementary Information FAA Training Program Approval Authority: POI TCPM Other: | | | | | | |
| FAA Training Program Approval Name: | Authority: | | POI Office: | J ICPM [] Other: | | |
| Tel: | | | ax: | | | |
| Email: | | 1 | .ax. | 1 | | |
| Eman: | | | | | | |
| FSTD Scheduling Person: | | | | | | |
| Name: | | | | | | |
| Address 1: | | 1, | Address 2 | ; | | |
| City: | | | State: | | *************************************** | |
| ZIP: | | | Email: | | | |
| Tel: | | | ₹ax: | | | |
| | | 1 | | | | |
| FSTD Technical Contact: | | | | | | |
| Name: | *************************************** | | | *************************************** | | |
| Address 1: | 14 | | | | | |
| City: | | | State: | | | |
| ZIP: | | | Email: | | | |
| Tel: | | | | Fax: | | |
| | on 3. Training, | Testing and | | | tions | |
| Area/Function/Maneuver | | | Reque | ested Remarks | | |
| Private Pilot - Training / Checks: (142) | | | | | | |
| Commercial Pilot - Training /Checks:(142) | | | | | | |
| Multi-Engine Rating - Training / Checks (142) | | | | | | |
| Instrument Rating - Training / Checks (142) | | | | | | |
| Type Rating - Training / Checks (135/121/142) | | | | | | |