Attachment 4 to Appendix D to Part 60—
Figure D4B – Sample Letter, Request for Initial, Upgrade, or Reinstatement Evaluation
Attachment: FSTD Information Form
INFORMATION

Date:					
	Section 1. FSTD	Informat	ion and Characteris	ics	
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)		
					Па
Type of Evaluation Requested	:		al 🔲 Upgrade 🔲 Continui: statement	ig 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	□В	☐ Interim C	□ C	□ D
	□ 6	□ 7	Provisional S	tatus	
Other Technical Information:					
FAA FSTD ID No: (If Applicable)	simmers and a second		FSTD Manufacturer:		
Convertible FSTD:	□Yes:		Date of Manufacture: MM/DD/YYYY		
Related FAA ID No. (If Applicable)	0.		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:					
Visual System Manufacturer and Type:		STD Seats vailable:	Motion System Manuf and Type:	acturer	:
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