



APPLICATION FOR APPROVAL TO USE A QUALIFIED FLIGHT SIMULATOR TRAINING DEVICE (FSTD) AEROPLANES

Please complete in BLOCK CAPITALS using black or dark blue ink.

FALSE REPRESENTATION STATEMENT

It is an offence to make, with intent to deceive, any false representation for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document.

1. APPLICANT TYPE

Limited Liability Partnership	Complete Section 2. a)
Public Educational Establishment University/College	Complete Section 2. b)
Limited Company	Complete Section 2. a)
Individual (Sole Trader)	Complete Section 2. c)
Charity	Complete Section 2. b)
Partnership	Complete Section 2. c)
Ministry of Defence	Complete Section 2. b)
Private Clubs Nominated Representative to	Complete Section 2. c)
Trust	Complete Section 2. b)

2. APPLICANT DETAILS (The Applicant is the person responsible for payment of CAA charges)

a) A Company

Registered Company Name (in full):

Registered Company Number:

Country of Company Registration:

Registered Office Address:
..... Postcode:

Telephone: Fax:

E-mail:

Trading Name: (if applicable):

Trading Address (primary site):
..... Postcode:

Website address:

Authorised Representative of Company

This application is to be signed by either a Director or Company Secretary or a person authorised by the Board to act on behalf of the Company.

Title: Forename: Surname:

Position in Company:

Telephone No: E-mail:

If you are a not a Director or Company Secretary and have been authorised to sign the application form on behalf of the Company, proof of that authority must be provided with the completed application form.

This application will be considered in respect of and, if appropriate, granted to, the Company Name as registered under the Company Number provided on this form.

or b) An Unincorporated Association or other body

Name of Unincorporated Association or other body:
 Address:
 Postcode:
 Telephone: Fax:
 E-mail: Mobile Telephone:
 Website address:

Authorised Representative

This application is to be signed by a person authorised by the body named above to act on behalf of it.

Title: Forename: Surname:
 Position:
 Charity Number (if applicable):

or c) Individual (including sole traders and partnerships)

Title: Forename: Surname:
 Address:
 Postcode:
 Telephone: Fax:
 E-mail: Mobile Telephone:
 Trading Name: (if applicable):
 Website address:

A photocopy of your valid Passport or ID Card must accompany your application as proof of identification. Failure to supply proof of identification may result in a delay to the application processing time. In the case of a partnership, please complete details of all partners. Continue on a separate sheet

3. TRAINING ORGANISATION REFERENCE

Name: No.:

4. APPROVAL DETAILS (Please tick as applicable)

Type of Approval requested	Initial	Renewal
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5. FSTD DETAILS (please tick or complete as applicable)

Current FSTD Qualification:
FSTD Type:	FFS FTD
FSTD Identification Code and Qualification level:	FSTD code: / FSTD Qualification Level:
Aircraft Type:
FSTD Location:
FSTD Operator:

