

APPLICATION FOR FSTD USER APPROVAL

INITIAL RENEWAL

(Please print, complete in BLOCK CAPITALS using black or dark blue ink and submit together with the official letter request)

1. User/Applicant Details:		(The User/Applicant is the person responsible for the payment of DGCA charges)	
Name of the User/Applicant:			
Address of the User/Applicant:			
Telephone:		Email:	
2. FSTD Operator Details:			
Application for:	<input type="checkbox"/> Kuwait Simulator	<input type="checkbox"/> Foreign Simulator	Others:
ATO/FSTD Operator Name:			
Location of ATO/FSTD Operator with full Address:			
Telephone:		Email:	
3. FSTD Details:			
Kuwait DGCA FSTD ID Code (Not applicable for initial application):			
FSTD Manufacturer and FSTD Identification Serial Number:			
Aircraft Type and Variant:			
FSTD Qualification Level: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			
Differences:	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	<input type="checkbox"/> Flight Instruments <input type="checkbox"/> Others (Specify): <input type="checkbox"/> COM/NAV Equipment <input type="checkbox"/> Engine Instruments <input type="checkbox"/> Cockpit
Simulator using as:	<input type="checkbox"/> Full ATO Support		<input type="checkbox"/> Non-ATO Support
Use for Training & Check:	<input type="checkbox"/> Instrument Rating <input type="checkbox"/> Type Rating <input type="checkbox"/> ETOPS/RNP/RVSM <input type="checkbox"/> Recurrent Training	<input type="checkbox"/> All Weather Operation <input type="checkbox"/> Aerodrome Qualification <input type="checkbox"/> Proficiency Checks <input type="checkbox"/> Wind Shear	<input type="checkbox"/> HUD/HGS/EVS <input type="checkbox"/> TCAS <input type="checkbox"/> ZFTT <input type="checkbox"/> LVTO
<input type="checkbox"/> UPRT			

FSTD Qualification valid until: (Attach current FSTD Operator Evaluation Report)	
User/Applicant FSTD Approval Expiry date: (Not applicable for Initial application)	

4. Declaration of User / Applicant

I hereby declare that the information provided on this application form and other requirements attached are verified and correct.

Name of Applicant Rep.: Designation:

Signature of Applicant: Date:

5. Delivery Instructions

This form, when completed, should be forwarded and must be accompanied by the appropriate fee to:
Directorate General of Civil Aviation, Aviation Safety Department, P.O. Box 17, Safat 13001, State of Kuwait.
 Tel: (965) 24743940, 24342475 / Fax: (965) 24765796 OR Email: safety@dgca.gov.kw
 Note: For Fees refer to Kuwait Civil Aviation Safety Regulations Part 27 Charges and Fees

Cheque, Demand Draft etc. made payable in favour of DIRECTORATE GENERAL OF CIVIL AVIATION, or Telex Transfer directly to our Account at;

CONFIRMATION OF BANK DETAILS	
<i>Name of Bank</i>	CENTRAL BANK OF KUWAIT
<i>Branch</i>	KUWAIT
<i>Account Name</i>	DIRECTORATE GENERAL OF CIVIL AVIATION
<i>Account Number</i>	11023041
<i>IBAN Number</i>	KW 17 CB KU 0000000000000011023041
<i>Bank Code/ Sort Code/ Swift Code</i>	CBKUKWKW
<i>Currency of Payment</i>	KWD

FOR OFFICIAL USE ONLY (DGCA/ASD)

Date of Receipt:

Application Approved: Rejected: Pending:

Foreign Authority approval and documented evidence accepted:

Simulator Evaluation required: Yes No

Remarks:

Name and Signature of Authorized FOI:	Date:
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