

Attachment 4 to Appendix A to Part 60—  
 Figure A4B – Sample Letter , Request for Initial, Upgrade, or Reinstatement  
 Evaluation  
 Attachment: FSTD Information Form  
 INFORMATION

Date: _____			
<b>Section 1. FSTD Information and Characteristics</b>			
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
<b>Other Technical Information:</b>			
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: _____		
<b>National Aviation Authority (NAA):</b> (If Applicable)			
NAA FSTD ID No:	_____	Last NAA Evaluation Date:	_____
NAA Qualification Level:	_____		
NAA Qualification Basis:	_____		
Visual System Manufacturer and Type:	_____	FSTD Seats Available:	_____
		Motion System Manufacturer and Type:	_____