

**Attachment 4 to Appendix B to Part 60—  
Figure B4B – 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"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> C <input type="checkbox"/> D
		<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): (If Applicable)</b>			
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:	_____