



**APPLICATION FOR APPROVAL TO USE A
QUALIFIED HELICOPTER FLIGHT SIMULATION TRAINING DEVICE (FSTD)**

Type of Approval (Tick whichever is required)	INITIAL		
	RENEWAL		
	SPECIAL		
FSTD Qualification (Tick whichever is applicable)	SCAA Qualified		
	Other JAA NAA qualified Mutual Recognition		
	Non JAA qualified		
FSTD Type (Tick whichever is applicable)	Full Flight Simulator (FFS)		Flight Training Device (FTD)
FSTD Code & Qualification Level	SCAA		
	Other ID Code		
	FSTD Qualification Level		

- a) Application must be made a minimum of 15 working days before required.
- b) This form is to be completed in full and returned to the Flight Operations Inspectorate, Seychelles Civil Aviation Authority, P.O Box 181, Victoria, Mahe , Seychelles, together with the relevant fee, failure to do so may result in a delay.
- c) A User Approval will be issued for one complete year regardless of the expiry date of the FSTD qualification, and will be dependent upon the continued qualification of the FSTD to the qualification level specified, and the regular update of the Navigation Database.
- d) Any application to use a Qualified FSTD located in other JAA mutually recognised areas or outside the JAA mutually recognised areas, must be accompanied by evidence of the qualification and FSTD identification number together with a copy of the latest evaluation report and any other key information regarding the FSTD.
- e) A SCAA Inspector may be required to visit a FSTD that is Non SCAA qualified during one of your Training Sessions to evaluate the device for training, testing and checking purposes only.
Please enclose dates of your future training programme using such a device. The SCAA will make a charge to recover the time and travel costs of any visit made in this respect.
- f) The FSTD Operator is the organisation to which the Qualification Certificate has been issued.

Section 1 FSTD Details	
Helicopter Type	
Location	
FSTD Operator	

Section 2 FSTD User			
Company Name			
Address			
Contact		Position within the Company	
Telephone		Fax	
e-mail		Mobile	

Section 3 Required Information			
3.1 For what purposes do you require the Approval? (Tick whichever is appropriate)			
a)	Licence Skill Test (LST MPH) and Licence Proficiency Checks (LPC MPH) in accordance with JAR-FCL 1 (Flight Crew Licensing Requirements - Helicopters) Subparts C to I.		
b)	Operator Proficiency Checks (OPC) in accordance with JAR-OPS 3 (Helicopters) Subpart N 1.945 and 1.965.		
c)	Recent Experience in accordance with JAR-FCL 2 (Flight Crew Licensing Requirements - Helicopters) Subpart A 1.026 and JAR-OPS 3 (Helicopters) Subpart N 1.970.		
d)	LVO training and testing to Category (delete N/A).	CAT I	CAT II
3.2 How often will you use the FSTD?			
3.3 With effect from when?			
3.4 If applicable, dates when a SCAA Inspector may accompany a training session.			

Section 4 Declaration by the Applicant

It is an offence to make, with intent to deceive, any false representations for the purpose of procuring the grant, issue, renewal or variation of any certificate, licence, approval, permission or other document. Persons doing so render themselves liable and subject to prosecution under the current applicable regulation.

- 4.1 I understand that an Approval may be granted in accordance with the Air Navigation Order and the relevant JAR-STD (or JAR-FSTD), JAR-FCL and JAR-OPS for the purposes of training, testing and checking flight crew only.
- 4.2 I have read items A) to G) above and confirm that the relevant documentation (if applicable) is enclosed with this application.
- 4.3 I certify that the details I have given on this form are correct and complete. I agree to pay all fees notified by the SCAA in accordance with the SCAA Scheme of Charges as published in the Air Navigation Fees Regulation.

Note: All fees are on the SCAA website www.scaa.sc under Safety Regulation then Legislation & Publication.

Applicant's Signature		Name (Block Capitals)	
Position within the Organisation		Date of Signing	

FOR OFFICIAL USE ONLY:			
Date Received		Fee Taken YES/NO	Receipt No.
Date Instructed:			
Received by:			
FOD Cash Sheet Reference No:			
Nominal Code:			
Cost Centre:			



**PAYMENT DETAILS FORM FOR APPLICATIONS RELATED TO
FLIGHT OPERATIONS INSPECTORATE (SIMULATOR STANDARDS)**

In accordance with the SCAA Scheme of Charges contained in the Air Navigation Fees Regulation.

Payment should be sent to:	Seychelles Civil Aviation Authority Flight Operations Inspectorate P.O Box 181 Victoria Mahe, Seychelles	Tel: +248 384181 Fax: +248 384033 E-mail: morr@scaa.sc
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4. PAYMENT METHODS

Please complete form [SR1187](#).