



## Application for approval as a FSTD Evaluation Team (FSTD ET)

### Guidance

These guidelines are designed to assist you to complete the DASR Form 160 under Defence Aviation Safety Regulation – *Flight Simulation Training Device* (DASR FSTD).

#### IMPORTANT

**Applicant's should only apply for DASA approval if they can demonstrate a need for the approval and compliance with all the relevant requirements.**

Please read DASR FSTD, the DASR Glossary and any relevant Defence Aviation Safety Authority (DASA)-issued Authoritative Regulatory Advice (ARA) relating to FSTD. This information, available on the [DASA website](#), will assist with the application process.

#### About this form and application process

##### **DASR Form 160**

DASR Form 160 is the official DASR form used to apply for approval as a FSTD Evaluation Team under DASR FSTD.

##### **Application process**

Completing this application form is the first step in the approval process. Once received, DASA will review your application including all supporting documentation provided. DASA will issue a letter advising the outcome of your application.

##### **Evidence Standard**

Any records provided in support of this application must be certified true and correct by a person that meets the qualification requirements outlined in Schedule 2 of the [Commonwealth Statutory Declarations Regulation of 2018](#).

#### Withdrawal of application

An application can be withdrawn in writing at any time.

#### Part 1: Applicant Information

**Applicant's Reference.** Please provide a brief, unique identifier that DASA will use to refer to your application.

**Defence Aviation Reference Number – Organisation (DARNO).** This is a unique organisational identifier issued by DASA. If an organisation has previously been issued any organisational approval under DASRs, a DARNO will also have been issued and can be found on the approval certificate. If your organisation has never previously held any approvals under DASRs, a DARNO will be issued with the approval certificate.

**Organisation Name.** Please provide your organisation's name as you would like it to appear on the approval certificate.

**Organisation Address.** Your organisation's main physical address. If the approval certificate is to be delivered elsewhere (eg a PO Box), please indicate this in the postal address section below.

**Contact person and contact details.** Please provide an individual's name and contact details through which DASA can direct all correspondence regarding the application and assessment process.

**Part 2: FSTD details.** Please complete all details for each Aircraft Type FSTD you are seeking Evaluation Team approval for.

**Part 3: Applicant qualification and experience.** Please summarise your organisation's knowledge, skill and experience, making specific reference to:

- a. **Evaluation Team construct and personnel.** Please detail the construct of the Evaluation Team, including





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identification of the Team Leader and who within the organisation has the following knowledge, skills and experience to assess FSTD fidelity and Negative Training:

- i. completion of a flight simulator evaluation course that provides the skills necessary to apply the philosophy established in ICAO 9625 – *Manual of Criteria for the Evaluation of Flight Simulation Training Devices*
- ii. Flying Instructor or Simulator Instructor qualification
- iii. Type Rated and current on the Aircraft (or Variant) being simulated or on an Aircraft with comparable Configuration, Role and Environment (CRE)
- iv. Flight Test experience, except where the organisation is only conducting evaluations for continuing Qualification.

b. **FSTD evaluation experience.** Please demonstrate your FSTD evaluation experience of the Evaluation Team, including:

- i. familiarity with ICAO 9625 – *Manual of Criteria for the Qualification of Flight Simulation Training Devices* and with the scope and content of Qualification Test Guides
- ii. how your organisation uses a quality management system (QMS)—including through quality planning, quality assurance, quality control and quality improvement—to achieve consistency, continuity and compliance with Qualification requirements
- iii. previous evaluations (including dates of those evaluations) that your organisation and personnel have undertaken.

c. **Other Approvals held from CAAs or MAAs.** Please provide details of all organisational approvals held with other Civil Airworthiness Authorities (CAAs) or Military Airworthiness Authorities (MAAs).

d. **Other Information.** Please list any other experience or qualifications relevant to this application.

### NOTES:

1. An Evaluation Team may comprise personnel from several organisations.
2. The Flight Test experience required within the Evaluation Team need not be experience as a Flight Test Pilot or Flight Test Specialist. Suitable Flight Test experience may include flying activities consistent with the characteristics of 'Flight Test'. Applicants should document their Flight Test experience under Part 3.1 'Summary of the Evaluation Team Leader's FSTD evaluation experience' (if applicable) or Part 3.4 'Other relevant information' if the Evaluation Team Leader or other personnel do not hold a Flight Test Pilot or Flight Test Specialist qualification.

**Part 4: Reason for application.** Applicant's should only apply for the privileges necessary to fulfill an **existing** Defence contract. DASA **will not** process an application where there is no specific contracted requirement for an Evaluation Team approval. If seeking approval to deliver a Flight Simulator Evaluation Training Course, please attach a copy of your Learning Management Plan and courseware.

**Part 5: Applicants declaration.** Please ensure copies of Evaluation Team and personnel qualifications are submitted with this application.

DASA may elect not to process an application where the application form is incomplete. Incomplete applications will be returned to the originator. The applicant may reapply to DASA when all application deficiencies have been addressed.

### Privacy policy

DASA requires the provision of information as listed in this form. All information received will be treated as confidential and will not be disclosed to any third parties unless that disclosure is required or authorised by law. DASA will safeguard personal information. However, please be aware that DASA policy is to publish approvals on its website.

### Form submission

Submit the electronic application to DASA by selecting the 'Submit Form' button or by emailing:  
[dasa.ftops@defence.gov.au](mailto:dasa.ftops@defence.gov.au).



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### Application

#### Part 1: Applicant details

Applicant Reference:

DARNO (if previously issued):

\*Organisation Name:

\*Applicant Head Office Address:

\*Applicant's POC Name:

\*Rank or Title:

\*Position:

\*Phone / Mobile:

\*Email Address:

Postal Address:

☐ Same as Applicant Address

#### Part 2: FSTD details

\*FSTD - Aircraft Type:

\*FSTD Identifier (as shown on FSTD IOP):

\*FSTD Name (as shown on FSTD IOP):

\*SOI Reference (as shown on FSTD IOP):

FSTD Category (if Qualified):

FSTD Qualification Level (if Qualified):

(Additional) FSTD - Aircraft Type:

FSTD Identifier (as shown on FSTD IOP):

FSTD Name (as shown on FSTD IOP):

SOI Reference (as shown on FSTD IOP):

FSTD Category (if Qualified):

FSTD Qualification Level (if Qualified):

#### Part 3: Applicant qualification and experience

##### 3.1 Evaluation Team construct and personnel

\*Name of Evaluation Team Lead:

\*Rank or Title:

\*Position:

\*Phone / Mobile / Email:

\*Provide a summary of the ET Leader's FSTD evaluation experience:

Qualifications / Accreditations:

\*Name – other Evaluation Team members:

\*Organisation / Company:

Qualifications / Accreditations:





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### 3.2 FSTD evaluation experience

\*Please describe the ET's FSTD evaluation experience, including familiarity with ICAO 9625 – Manual of Criteria for the Qualification of Flight Simulation Training Devices and with the scope and content of Qualification Test Guides.

\*Please describe how your organisation uses a quality management system (QMS) to achieve consistency, continuity and compliance of evaluation provision—through quality planning, quality assurance, quality control and quality improvement.

### 3.3 DASA or other CAA / MAA issued approvals, qualifications or endorsements

Approval, qualification or endorsement:

Date Issued:

CAA / MAA:

### 3.4 Other relevant information:

Please provide any other qualification or experience relevant to the provision of FSTD evaluation services

Please provide copies of all organisational and ET personnel qualifications held:

**Attach  
Qualifications**

## Part 4: Reason for application

\*Proposed scope of FSTD Evaluation Team support:

\*Service contract this application relates to:

\*Military Air Operator:

#### \*Privileges Sought:

- ☐ Initial Evaluation Services  
☐ Provision of Expert Advice

- ☐ Recurrent / Special Evaluation Services  
☐ Delivery of a Flight Simulator Evaluation Training Course

**Attach LMP &  
Courseware**

## Part 5: Applicants declaration

- ☐ \*I declare that the information provided on this form is correct and complete.  
☐ \*I understand and accept that for DASA to proceed with this application, I have supplied all supporting documentation to DASA.

\*Name:

\*Position:

\*Signature:

**Submit Form**



Application for approval as a FSTD Evaluation Team (FSTD ET)

Part 6 (for DASA use): Application registration

\*Desk Officer Name: \*Rank: \*Appointment: \*Date Registered:

Part 7 (for DASA use): Review, assessment and recommendation

\*Assessor Name: \*Rank: \*Appointment: \*Recommendation:

☐ Additional information sought by DASA

☐ Applicant provided additional information:

\*Privileges Recommended:

- ☐ Initial Evaluation Services  
☐ Provision of Expert Advice

- ☐ Recurrent / Special Evaluation Services  
☐ Delivery of a Flight Simulator Evaluation Training Course

Comments / Limitations:

\*Signature:

Part 8 (for DASA use): Endorsement and approval

8.1 Deputy Director FLTOPS Endorsement

\*Name: \*Rank: \*Appointment: \*Endorsement:

Comments / Limitations:

\*Signature:

8.2 DAVNOPS Approval

\*Name: \*Rank: \*Appointment: \*Approval:

Comments / Limitations:

\*Approval Valid From: \*Approval Valid To:

\*Signature:



**Application for approval as a FSTD Evaluation Team (FSTD ET)**

**Part 9 (for DASA use): Finalisation**

\*Desk Officer Name:

\*Rank:

\*Appointment:

\*Obj Ref – Letter to Applicant:

☐ \*Response sent to Applicant

☐ \*Fast Track updated