FLight simulation TRAINING DEVICE

INSTALLATION OPERATING PERMIT

Serial Number 0xx/202x

<Objective ID>

|  |  |  |
| --- | --- | --- |
| **Aircraft Type**  xxx | **Identifier:**  Axx/Nxx | **STD Name:** |

1. This Flight Simulation Training Device (FSTD) Installation Operating Permit (IOP) is issued under the authority of Defence Aviation Safety Regulation FSTD.05.A and authorises operation of the *Aircraft Type and FSTD Name* in accordance with the limitations and conditions stated herein.
2. FSTD Category. *Per DASR FSTD.05.B AMC.*
3. FSTD Location. *Define physical location of relevant components of the Flight Simulator or Training Device.*
4. **Qualification Level.** *Specify qualification level and standard and refer to qualification documentation where appropriate. Also state the qualification renewal interval as applicable.*
5. **OIP.** Relevant Orders, Instructions and Publications are specified in annex A. *Amend the articulation of OIP as appropriate to the nature and extent of OIP required. The framework and relevant OIP sponsors should be considered for inclusion.*
6. **Approved Statement of Operating Intent.** The *aircraft type STD name* is to be operated in accordance with the *SOI reference, date* or later approved version.
7. **Limitations or Restrictions.** *State any limitations or restrictions on the FSTD. This may include reference to HRAs, remediation plans, waivers or other documentation imposing external constraint (whether temporary or enduring).*
8. **Support Arrangements.** The FSTD is broadly supported by the following arrangements:
   1. **Technical.** *Description of how the FSTD is maintained. The depth of description may vary and could simply refer to the relevant sections of the FSTD Management Plan. Alternatively, it may be beneficial to articulate any high level nuances pertaining to specific OIP, maintainer skills/qualifications or the contractual arrangement.*
   2. **Logistics.** *Description of the FSTD logistical arrangements. This may include contractual arrangements or reference to OIP of the FSTD Management Plan.*
   3. **Infrastructure.** *Description of the support construct that ensures the infrastructure surrounding the FSTD is maintained. This may define key responsibilities that are separate from the technical or operational aspects of the FSTD.*
   4. **Staff.** *Description or reference to the training system used to qualify support staff.*
9. **IOP review date.** *Date to which the IOP remains valid.*

I Surname

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[MAO-AM]

(0X) XXXX XXXX

<Date>

Annex:

1. Description of OIP Framework