***Part 61 application for accreditation of a new or modified GA synthetic training device (STD)***

***Application requirements and instructions for completing the form***

1. *Please ensure all documents are enclosed. No application will be processed until all required documentation is received.*
2. *The CAA Standard Rate hourly charge applies. Follow this link for information on* [*fees and charges.*](http://www.caa.govt.nz/about-us/what-we-do/how-we-are-funded/fees-levies-and-charges/)
3. *For Initial Accreditation complete Sections 1, 2, 3, 5, 6 & 7.*
4. *For* ***Accreditation of a Modification*** *complete Sections 1, 2, 4, 6 & 7. (Also 5, if required)*
5. *For* ***Renewal or Amendment to the Approved Uses of an existing device*** *complete sections 1, 2, 5, 6 & 7. (Also 3 or 4, if appropriate to the application or amendment for Approved Uses)*
6. *For Part 141 Certificate holders, a completed application form for the issue, renewal, or amendment of an aviation training organisation certificate is required with this application for initial accreditation.*
7. **Organisation Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CAA Participant Number | | |  | | |  |
| Legal Name of Organisation - *A certificate will only be issued in the name of the registered company, partnership, sole trader or incorporated society.* | | | | | | |
|  | | | | | | |
| Trading name *(if any)* | |  | | | | |
| Your reference *(order number or contact person, if applicable)* | |  | | | | |
| Address for Service – *The Civil Aviation Act 2023, section 73, requires applicants to provide an address for service in New Zealand (i.e. a physical address) and to promptly notify the Director of any changes.* | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Phone |  | | | Mobile |  | |
| Email |  | | | | | |
| Postal Address *(if different from Address for Service)* | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Phone |  | | | Mobile |  | |
| Email |  | | | | | |

1. **Type of Synthetic Training Device**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Aeroplane** |  | **Helicoper** |
|  | | *If renewal, name and serial number of existing device:* | |
|  | **Flight Simulator** |  | |
| A flight simulator, being an apparatus which provides an accurate representation of the flight deck of a particular aircraft type to the extent that the normal environment of flight crew members, the systems, and the performance and flight characteristics of that type are realistically simulated. | | | |
|  | **Procedure Trainer** |  | |
| A flight procedure trainer, being an apparatus that provides a representation of aircraft to the extent that realistic flight deck environment, instrument responses, simple systems, and the performance and flight characteristics of aircraft of a particular class or type are simulated. | | | |
|  | **Basic Instrument Trainer** |  | |
| A basic instrument flight trainer, being an apparatus equipped with appropriate instruments, simulating the flight deck environment of an aircraft in flight in instrument flight conditions, in which a pilot may be instructed or tested in basic instrument flight manoeuvres and procedures. | | | |

1. **Application for Accreditation of a New Synthetic Training Device**

|  |  |
| --- | --- |
| Device operator name |  |
| Location of device *(address, if different from applicant)* |  |
| Manufacturer |  |
| Serial No. of the device |  |
| Manufacturer of visual system |  |
| Type of visual system |  |
| Visual database used |  |
| Aerodromes encompassed |  |
| Manufacturer of motion system |  |
| Aeroplane type/model/varient |  |
| Engine type |  |
| Engine instrumentation |  |
| Flight instrumentation |  |
| Qualification Level (ie.JAR) refer to 1(a) eg *ICAO Level II* |  |
| Other: |  |

1. **Application for Accreditation of a Modified Synthetic Training Device**

|  |  |
| --- | --- |
| Device operator name |  |
| Location of device *(address, if different from applicant)* |  |
| Manufacturer |  |
| Serial No. of the device |  |
| Manufacturer of visual system |  |
| Type of visual system |  |
| Manufacturer of motion system |  |
| Aeroplane type/model/varient |  |
| Engine type |  |
| Engine instrumentation |  |
| Flight instrumentation |  |
| Qualification Level (ie.JAR) refer to 1(a) eg *ICAO Level II* |  |
| Other: |  |

1. **Application for Approved Uses for a Synthetic Training Device**

|  |  |  |  |
| --- | --- | --- | --- |
| Pilot Training | | | Rule/AC References |
|  | **1** | **Experience requirements** |  |
|  |  | PPL | Part 61.153(a)(3)(i), AC 61-3 Appendix 1 |
|  |  | CPL | Part 61.203(a)(4)(i) (A) & Part 61.203(a)(4) (ii) (H), AC61-5 Appendix 1 |
|  |  | Instructor Rating | Part 61.303(c)(2) (Cat.C), Part 61.303(d)(3) (Cat.B), AC61-18 Appendix 1 |
|  |  | IFR | Part 61.801(a)(2), AC61-17 Flight time experience – either (iii) or (ii) |
|  | **2** | **Recent flight experience** |  |
|  |  | IFR Recency | Part 61.807(a)(2)(i)&(ii), 61.807(a)(4) |
|  |  | **Pilot Proficiency Assessment** |  |
|  | **3** | **Extension of aids (ILS and NDB)** | Part 61.805(b)(4) |
|  | **4** | **Flight crew competency checks** | Part 61.807(a)(1)(i) & 61.801(a)(6) |
|  | **5** | **GNSS subsequent type** | Part 19.205(a)&(b), AC61-17 Appendix II |
|  | **6** | **RNP1 procedure endorsement** | Part 61.805(b)(3) |

1. **Declaration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *The provision of false information or failure to disclose information relevant to the grant or holding of an aviation document constitutes an offence under sections 107 and 362, respectively, of the Civil Aviation Act 2023 and is subject, in the case of a person other than an individual, to a maximum fine of $100,000.* | This application is made for and on behalf of the organisation identified in section 1.  I declare that to the best of my knowledge and belief the statements made and the information supplied in this application and the attachments are complete and correct. | | | |
| **Name & Title** |  | **CAA Participant No** |  |
| **Signature** |  | **Date of Application** |  |

1. **Applicant’s Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **N/A** |
| *Please ensure all documents are enclosed. Applications which are incomplete or lacking any required documents will be returned.* | 1. All required sections of this application completed |  |  |
| 1. Copy of the organisations Synthetic Flight Training Manual (SFTM) |  |  |
| 1. Copy of the STD Operations Manual, Quality Training Guide or other supporting documentation |  |  |
| 1. Part 141 Training Organisation Certificate 24141-01 Application Form *where required for new STD approval* |  |  |
| 1. Declaration signed |  |  |
| 1. Organisation name completed at the top of each page |  |  |
| 1. Purchase order number (optional) |  |  |

**Send the completed application form, including all supporting documentation to either:**

**Email** [pft.admin@caa.govt.nz](mailto:pft.admin@caa.govt.nz)

**Post** Licensing & Standards Unit, Civil Aviation Authority, PO Box 3555, Wellington 6140