



GOVERNMENT OF INDIA

DIRECTOR GENERAL OF CIVIL AVIATION

Application for
Evaluation of Flight Simulator initial / upgrade

(a) Name of Simulator operator		2) Reasons for Submission	
		Y Initial	
		Y Upgrade	
(b) Address			
(c) Location of simulator			
Phone:	Fax:	e-mail:	
2. Name of simulator manufacturer			
3. Type of Simulator			
4. Identification number of simulator			
5. Aeroplane being simulated			
(a) model			
(b) series			
Engine			
(a) model			
(b) Series			
(c) data revision			
7. Level of qualification requested		A	OA
		B	OB
		C	OC
		D	OD
8. Simulator Computer Identification			
9. Date of Simulator manufacture			
10. Aerodynamic data revision			
11. Flight control data revision			
12. Motion system			
(a) type			
(b) manufacturer			
13. Name of visual system manufacturer			
14. Log of revision			
15. List of effective pages			

16. Listing of all reference source data							
17. Glossary of terms and symbols used							
19. Statement of compliance (SOC) with certain requirements.							
20. List of outstanding tests, if any.							
21. Recording procedures and equipment required for the validation tests.							
22. Names & qualification of simulator evaluation team	<table border="1"> <tr> <td>Name</td> <td>Qualification</td> </tr> <tr> <td>Name</td> <td>Qualification</td> </tr> <tr> <td>Name</td> <td>Qualification</td> </tr> </table>	Name	Qualification	Name	Qualification	Name	Qualification
Name	Qualification						
Name	Qualification						
Name	Qualification						
23. Name and Qualification of Manager (Quality System)	<table border="1"> <tr> <td>Name</td> <td>Qualification</td> </tr> </table>	Name	Qualification				
Name	Qualification						
24. No. of Qualified Simulator, personnel available.	<table border="1"> <tr> <td>Name</td> <td>Qualification</td> </tr> <tr> <td>Name</td> <td>Qualification</td> </tr> <tr> <td>Name</td> <td>Qualification</td> </tr> </table>	Name	Qualification	Name	Qualification	Name	Qualification
Name	Qualification						
Name	Qualification						
Name	Qualification						
25. Existing DGCA Authority/Approval if any.							
26. Approval fees remitted							
<i>The simulator has been assessed by the evaluation team and certified that it conforms to the aeroplane cockpit configuration of aeroplane type _____ and that the simulated systems and sub-systems function equivalently to those in that aeroplane. The team has also assessed the performance and the flying qualities of the simulator and finds that it represents the designated aeroplane.</i>							
27. Any tests outstanding:-							

Date: -

Name of the applicant

Note 1:For initial qualification testing of flight simulators the aeroplane manufacturer Validation flight test data is preferred. Data from other sources may be used, subject to review and concurrence by the DGCA.

Note 2:SOCs should refer to the sources of information and show compliance to explain how the referred material is used, applicable mathematical equations, parameter values, and conclusion reached.

Note3: Qualification in items 22,23,and 24 imply the designation of the evaluation team personnel such as pilot examiner/instructor/ check pilot/ simulator engineer as applicable.