|  |  |
| --- | --- |
|  | 24119-11 Part 119 application for accreditation of a new or modified simulator for use Use this form to apply for accreditation of a new or modified simulator for use under the [Civil Aviation Act 1990](https://infohub.aviation.govt.nz/otcsdav/nodes/57488648/requiring%20CAA%E2%80%99s%20prior%20acceptance%20or%20approval___) and [Civil Aviation Rules](https://www.aviation.govt.nz/rules/), Part 119 air operator certification.  |

# You need to apply early as our assessment takes time

|  |
| --- |
| To apply, email this completed application accreditation or modified use form to certification@caa.govt.nz  |

# About this application and our assessment

|  |  |
| --- | --- |
| * We’ll only start our assessment once your application is complete
* No payment is required when you apply. We’ll email you invoices you during and at the end of the assessment for CAA’s hours taken at the [CAA standard hourly rate](https://www.aviation.govt.nz/about-us/what-we-do/how-we-are-funded/fees-levies-and-charges/)
 | * Click on the field areas and type (they expand as you type)
* Click on square boxes to select
 |

# Organisation’s details Click on the field areas and type (they expand as you type).

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation’s legal name [i](#_top) |       | Organisation’s CAA ID no. |       |
| Contact person for this application |
| Name |       | Position title |       |
| Mobile |       | Email |       | Their CAA ID no. or N/A |       |

# Organisation’s contact information

*Don’t* fill in the below if you’re emailing us a Part 119 air operator certificate issue, renewal, or amendment application (as the information is collected there).

|  |  |
| --- | --- |
| Address for service Must be a physical address in New Zealand (not a PO Box) [i](#i4) | Postal address If different from address for service (can be a PO Box)  |
| No. & street |       | No. & street |       |
| Suburb |       | Suburb |       |
| City/Town |       | City/Town |       |
| Postcode |       | PO Box |       | Postcode |       |

|  |  |
| --- | --- |
| Email for notices and communications |       |
| Phone no. for general communications |       |
| Contact person for this application |
| Name |       | Position title |       |
| Email |       |
| Mobile |       | Their CAA ID no. or N/A |       |

# Type of synthetic training device (STD) for this application Click on square boxes to select.

| Type of synthetic training device | Definition |
| --- | --- |
| [ ]  Flight simulator | An apparatus that provides an accurate representation of the flight deck of a specific aircraft type to the extent that the normal environment of flight crew members, systems, and performance and flight characteristics of that type are realistically simulated |
| [ ]  Procedure trainer | An apparatus that provides a representation of a specific aircraft type to the extent that realistic flight deck environment, instrument responses, simple systems, and performance and flight characteristics of that type are simulated |
| [ ]  Basic instrument trainer | An apparatus equipped with appropriate instruments, simulating the flight deck environment of an aircraft in flight instrument flight conditions, in which a pilot may be instructed or tested in basic instrument flight manoeuvres and procedures |

# Application for CAA accreditation of a new synthetic training device

|  |  |  |  |
| --- | --- | --- | --- |
| Accrediting Authority  |       | Accrediting Authority Country/ State of domicile |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Device operator |       | Device location |       |
| Manufacturer |       | Device serial no. |       |
| Visual system manufacturer |       | System type |       |
| Visual database used |       | Aerodromes encompassed |       |
| Motion system manufacturer |       | Aeroplane type/model/ variant |       |
| Engine type |       | Engine instrumentation |       |
| Flight instrumentation |       |
| FMS |       |
| TCAS |       |
| GPWS |       |
| EGPWS |       |
| ETOPS |       |
| STD qualification level (i.e., JAR) and organisation’s legal name *e.g. ICAO Level II* |       |
| Other |       |

# Application for CAA accreditation of a modified synthetic training device

|  |  |  |  |
| --- | --- | --- | --- |
| Accrediting Authority |       | Accrediting Authority Country/ State of domicile |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Device operator |       | Device location |       |
| Manufacturer |       | Device serial no. |       |
| Visual system manufacturer |       | System type |       |
| Visual database used |       | Aerodromes encompassed |       |
| Motion system manufacturer |       | Aeroplane type/model/ variant |       |
| Engine type |       | Engine instrumentation |       |
| Flight instrumentation |       |
| FMS |       |
| TCAS |       |
| GPWS |       |
| EGPWS |       |
| ETOPS |       |
| STD qualification level (i.e., JAR) and organisation’s legal name *e.g. ICAO Level II* |       |
| Other |       |

# Application for approved uses for a synthetic training device

Pilot training, recency, and currency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Crediting ground time Part 61.33 |  | [ ]  Biennial light review Part 61.39 |  | [ ]  Instrument rating currency requirements Part 61.807 |
| [ ]  Recent flight experience Part 61.37 |  | [ ]  Type rating Part 61.53 |  |  |  |

Pilot competency assessment

|  |  |  |
| --- | --- | --- |
| [ ]  ATPL flight test Part 61.253 |  | [ ]  Training and testing programme Part 121.553 |
| [ ]  Instrument rating flight test Part 61.801 |  | [ ]  Flight crew competency checks Part 121.607 |
| [ ]  Flight examiner initial and biennial flight test Parts 61.901 & 61.907 |  | [ ]  Flight instructor & examiner competency checks Part 121.609 |

# Declaration by senior person responsible (organisation) or registered owner of aircraft (aircraft operator)

1. I confirm in relation to this application:
* I hold the necessary authority to sign this application on behalf of the applicant
* the synthetic training device meets the requirements listed in the simulator accreditation manual for the proposed qualification level
* the organisation or person in the ‘details for CAA invoices’ section of this form (if completed) is aware they are required to pay the invoice(s) from CAA.
1. I declare to the best of my knowledge that the information in this application is complete and correct.

Note:Under s 49 Civil Aviation Act 1990 communicating false information or failing to disclose information relevant to granting or holding of aviation document is an offence and liable on conviction, in the case of an individual, to imprisonment for a term not exceeding 12 months or a fine not exceeding $10,000; and a body corporate, to a fine not exceeding $50,000.

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |       | Position title |       |
| Their CAA ID no. or N/A |       |  | Application date | Click or tap to enter a date. |
|  | Electronic signature**To add your electronic signature**:1. Right click on the X in the signature box
2. Select **Sign** from the drop-down list
3. Follow the instructions to sign
 |  |