**Захтев за одобрење велике модификације уређаја за симулирање летења (*FSTD*)**

**MAJOR MODIFICATION APPLICATION**

**BASIC INFORMATION OF THE ORGANIZATION**

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| 1. **FSTD ORGANIZATION DATA**
 |
| **Legal Name:** |  |
| **Commercial Name:** |  |
| **FSTD Organization is also ATO** | [ ]  **YES** | [ ]  **NO** | **ATO Name** |  |
| **Address (Principal Place of Business according to ORA.GEN.105):** |
| **Address:** |  |
| **Town:** |  |
| **Phone number:** |  |
| **FSTD Organization Address (If different from Principal Place of Business):** |
| **Address:** |  |
| **Town:** |  |
| **Phone number:** |  |

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| 1. **ACCOUNTABLE MANAGER STATEMENT**
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| **I DECLARE that the documentation provided for this application defines the Organization and Procedures as an FSTD Operator, having been previously prepared and verified by the appropriate managers of the organization in order to verify that it complies with the applicable requirements established in Regulation on Licenses, Training Organizations and Medical Fitness of Air Crew ("Official Gazette of the Republic of Serbia", No 60/19). In relation to the Procedures described in the documentation presented, hereby, in accordance with my authority as Accountable Manager, I undertake to enforce them in order to ensure that all operations and activities are always carried out in accordance with the requirements. required by current regulations on this matter.** |
| **Name:** |  | **Signature** |
| **Date:** |  |  |

**TYPE OF DOCUMENTATION PROVIDED AND ADDITIONAL OBSERVATIONS**

Next is a list of documents that should be provided together with this application. **T**ick on the provided documentation.

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| 1. **MAJOR MODIFICATION**
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| [ ]  | Technical documentation as per Annex A |
| [ ]  | Documentation associated to the management of CMS Change due to the Major FSTD modification, as per Annex B |
| **Any additional comment:** |
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**ANNEX A FSTD MAJOR MODIFICATION**

Take into consideration ORA.FSTD.110 and ORA.FSTD.230 to determine which modifications are considered as Major, and require previous approval by the Authority. CAD RS will decide upon the necessary type of evaluation (documental, remote, on-site) to check the modification.

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| 1. **BASIC INFORMATION ABOUT THE MODIFIED FSTD**
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| **Certificate Code** | **Qualification Level** | **Simulated Aircraft (type/class)** | **FSTD Location** | **Issue date of first certificate** |
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| 1. **INFORMATION ABOUT THE FSTD MODIFICATION**
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| Next is a non-exhaustive list of major changes that must be notified to CAD RS. The application for changes will be both, for those that involve a change in the approved FSTD configuration and for those that, without producing changes in the FSTD configuration, must be previously evaluated by CAD RS since they directly affect the use that is going to be made of the FSTD.The FSTD Organization may consider other changes not listed below as Major. In this case, mark the option “Others” and describe the changes with detail. |
| **Major modification that changes the approved FSTD configuration.** | **“Upgrade” of the FSTD Qualification Level** | [ ]  |
| **“Update” of the FSTD Standard** | [ ]  |
| **Implementation of new FSTD characteristics** | [ ]  |
| **Implementation of alternate engine** | [ ]  |
| **Implementation of additional FSTD equipment** | [ ]  |
| **Others** | [ ]  |
| **Major modification that DOES NOT change the approved FSTD configuration** | **Change of the FSTD Organization name** | [ ]  |
| **FSTD relocation without owner change** | [ ]  |
| **FSTD temporary deactivation** | [ ]  |
| **FSTD reactivation** | [ ]  |
| **FSTD definite deactivation** | [ ]  |
| **FSTD transfer to another FSTD organization.** | [ ]  |
| **Others** | [ ]  |
| **Modification triggered by:** | **FSTD Organization** | [ ]  |
| **FSTD Manufacturer** | [ ]  |
| **Aircraft manufacturer** | [ ]  |
| **Mandatory (AD, SB…)** | [ ]  |

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| **Brief description of the reason for the modification** |
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| **Description of the modification** |
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| **Additional comments:** |
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| 1. **IMPACT OF MAJOR MODIFICATION IN THE FSTD CONFIGURATION**
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| Any modification affecting the elements listed below should be considered as major modification. |
| **FSTD system affected by the modification.** | **Validation Data Roadmap (VDR)** | [ ]  |
| **Host Computer** | [ ]  |
| **Software** | [ ]  |
| **Hardware** | [ ]  |
| **Simulated equipment** | [ ]  |
| **Motion system** | [ ]  |
| **Visual system** | [ ]  |
| **IOS** | [ ]  |
| **Others** | [ ]  |
| **FSTD features affected by the modification** | **FSTD handling quialities** | [ ]  |
| **Flight Controls** | [ ]  |
| **FSTD Performances** | [ ]  |
| **FSTD systems operation** | [ ]  |
| **Others** | [ ]  |
| **Describe why the modification is affecting any of the above FSTD items.** |
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| **List of MQTG tests affected by the modification** |
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| **Who has evaluated the impact of the modification in the FSTD items** | **FSTD Organization** | [ ]  |
| **FSTD manufacturer** | [ ]  |
| **Aircraft Manufacturer** | [ ]  |
| **Subcontrator** | [ ]  |
| **Additional comments** |
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| 1. **MODIFICATION PLAN AND VALIDATION TESTS**
 |
| Provide a detailed description of all the modification works to be performed and planning phases. |
| **Describe the modification activities, phases and planning.** |
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| **Who has performed the modification works in the FSTD** | **FSTD Organization** | [ ]  |
| **FSTD manufacturer** | [ ]  |
| **Aircraft Manufacturer** | [ ]  |
| **Subcontrator** | [ ]  |
| **Date of start of modification works** |  |
| **Date of start of FSTD validation tests after modification** |  |
| **Expected date for finishing the FSTD validation tests after modification** |  |
| **Expected date for finishing the modification works** |  |
| **Reference documentation to be used for the modification implementation.** |
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| **List of QTG tests performed to validate the FSTD modification works.** |
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| **List of Function and Subjective tests performed to validate the FSTD modification works.** |
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| **List of Configuration Control documents affected by the FSTD modification.** |
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| **Date of delivery to CAD RS of all the documentation associated to the FSTD modification.** |  |
| **Date of expected FSTD entry into service after the modification.** |  |
| **Additional comments** |
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| 1. **LIST OF FSTD ORGANIZATION’S PEOPLE PARTICIPATING IN THE DOCUMENTATION PROVISION.**
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| List of the people providing the attached documentation relevant for the FSTD recurrent evaluation, including the pilots participating in the Operators Function and Subjective test. Since most of the requested documentation is under the responsibility of the Compliance Monitoring Manager, his/her signature is also necessary. |
| **FSTD Organization Team. Name** | **Role** |
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| **FSTD Organization team performing F&S Test. Name** | **Type rating and FCL license number** |
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| **FSTD Compliance Monitoring Manager.** |
| **Name:** |  | **Signature** |
| **Date:** |  |  |

**ANNEX B MANAGEMENT OF CHANGE**

According to requirements established in ORA.GEN.130 and AMC1 ORA.GEN.200(a)(3) point (e), the Organization should evaluate the effect of the change on the FSTD operation, on the management system itself and in safety, independently if the change requires or not previous approval from the competent authority.

This annex is providing guidance to the FSTD Organization when informing CAD RS about the impact and extend of the change. It is mandatory to fill this annex when the FSTD Organization is applying for another FSTD Initial Qualification, or a Major Modification, or an Extension of the Evaluating Period for existing FSTDs, or any “OTHER” FSTD application.

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| 1. **MANAGEMENT OF CHANGE**
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| Next checklist allows the FSTD Organization to analyse the impact of the change within its organization. Fill in YES / NO under the “Change” column, to indicate if its management system has evaluated the need to modify each topic listed. If the answer is YES, then specify under “Management of Change” how the change is going to be implemented through the modification of procedures, modification of the Organization’s internal structure, modification of facilities and installations, additional training to personnel, etc. If there is no need to modify any topic listed, then it should be justified why, under the “Management of Change” column. |
| **Topic** | **Change** | **Management of Change** |
| Assessment of the Risk associated to the change. | [ ]  **YES** | [ ]  **NO** |  |
| Need to adapt the Organization’s Quality and or Safety Policy due to the change. | [ ]  **YES** | [ ]  **NO** |  |
| Need to increase personnel to cope with the change.  | [ ]  **YES** | [ ]  **NO** |  |
| Need to provide additional training to FSTD Operations personnel to cope with the change.  | [ ]  **YES** | [ ]  **NO** |  |
| Need to modify installations/facilities to adapt them to the change. | [ ]  **YES** | [ ]  **NO** |  |
| Need to modify or incorporate new hardware, tooling or software management applications to cope with the change.  | [ ]  **YES** | [ ]  **NO** |  |
| Need to modify the Compliance Monitoring procedures due to the change. | [ ]  **YES** | [ ]  **NO** |  |
| Need to modify the procedures related with FSTD maintenance, tooling calibration, spares handling, configuration control or key performance indicators measurements due to the change. | [ ]  **YES** | [ ]  **NO** |  |
| Need to increase or modify existing subcontracted activities related with FSTD operation, due to the change. | [ ]  **YES** | [ ]  **NO** |  |
| **Additional comments:** |
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| 1. **LIST OF FSTD ORGANIZATION’S PEOPLE PARTICIPATING IN THE DOCUMENTATION PROVISION.**
 |
| **FSTD Organization Team. Name** | **Role** |
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| **FSTD Compliance Monitoring Manager** |
| **Name:** |  | **Signature** |
| **Date:** |  |  |
| **FSTD Safety Manager** |
| **Name:** |  | **Signature** |
| **Date:** |  |  |