



**APPLICATION FOR APPROVAL OF A FLIGHT SIMULATOR /TRAINING DEVICE**

<b>1. TRAINING ORGANISATION/CENTRE</b>	
a) Name of Training Organisation/Centre	a) .....
b) Address	b) .....
c) Name of and designation of contact person	c) .....
d) Telephone and fax No's:	d) .....
<b>2. FLIGHT SIMULATOR/TRAINING DEVICE</b>	
a) Simulator Type( aircraft type representative)	a) .....
b) Simulation Level	b) .....
c) EASA/FAA and Operator's ID Nos.	c) .....
d) Location	d) .....
<b>3. APPROVAL DOCUMENTS (Attach copies)</b>	
a) Training Organisation/Centre Approval	a) .....
b) Simulator approval , Qualification certificate & Training courses approval.	b) .....
<b>4. INSPECTION by BCAA</b>	
a) Proposed Date	a) .....
Signature .....	
Date .....	
Name (Block letters) .....	
Position Held .....	