

**ATTACHMENT 4 TO APPENDIX B TO PART 60—
Figure B4E – Sample Statement of Qualification; Configuration List
INFORMATION**

Visual System Manufacturer and Type:	_____	Motion System Manufacturer and Type:	_____
Aircraft Make/Model/Series:	_____	FSTD Seats Available:	_____
Aircraft Equipment	ENGINE TYPE(S): _____	Flight Instrumentation: <input type="checkbox"/> EFIS <input type="checkbox"/> HUD <input type="checkbox"/> HGS <input type="checkbox"/> EFVS <input type="checkbox"/> TCAS <input type="checkbox"/> GPWS <input type="checkbox"/> Plain View <input type="checkbox"/> GPS <input type="checkbox"/> FMS Type: _____ <input type="checkbox"/> WX Radar <input type="checkbox"/> Other: _____	Engine Instrumentation: <input type="checkbox"/> EICAS <input type="checkbox"/> FADEC <input type="checkbox"/> Other: _____

Airport Models:	3.6.1 _____ <i>Airport Designator</i>	3.6.2 _____ <i>Airport Designator</i>	3.6.3 _____ <i>Airport Designator</i>
Circle to Land:	3.7.1 _____ <i>Airport Designator</i>	3.7.2 _____ <i>Approach</i>	3.7.3 _____ <i>Landing Runway</i>
Visual Ground Segment	3.8.1 _____ <i>Airport Designator</i>	3.8.2 _____ <i>Approach</i>	3.8.3 _____ <i>Landing Runway</i>

Section 2. Supplementary Information

FAA Training Program Approval Authority:	<input type="checkbox"/> POI <input type="checkbox"/> TCPM <input type="checkbox"/> Other: _____		
Name:	_____	Office:	_____
Tel:	_____	Fax:	_____
Email:	_____		

FSTD Scheduling Person:

Name:	_____		
Address 1:	_____	Address 2	_____
City:	_____	State:	_____
ZIP:	_____	Email:	_____
Tel:	_____	Fax:	_____

FSTD Technical Contact:

Name:	_____		
Address 1:	_____	Address 2	_____
City:	_____	State:	_____
ZIP:	_____	Email:	_____
Tel:	_____	Fax:	_____

Section 3. Training, Testing and Checking Considerations

<u>Area/Function/Maneuver</u>	<u>Requested</u>	<u>Remarks</u>
Private Pilot - Training / Checks: (142)	<input type="checkbox"/>	_____
Commercial Pilot - Training /Checks:(142)	<input type="checkbox"/>	_____
Multi-Engine Rating - Training / Checks (142)	<input type="checkbox"/>	_____
Instrument Rating -Training / Checks (142)	<input type="checkbox"/>	_____
Type Rating - Training / Checks (135/121/142)	<input type="checkbox"/>	_____
Proficiency Checks (135/121/142)	<input type="checkbox"/>	_____
CAT I: (RVR 2400/1800 ft. DH200 ft)	<input type="checkbox"/>	_____