

Application for INITIAL Activities related to Flight Simulation Training Devices

issued under the Acceptable Means of Compliance and Guidance Material to Commission Regulation (EU) No 1178/2011 of 3 November 2011

**Civil Aviation Directorate**Transport Malta-Civil Aviation Directorate, Malta Transport Centre, Pantar Road, Lija LJA 2021 Malta. Tel:+356 2555 5000 cadpel.tm@transport.gov.mt www.transport.gov.mt

WARNING TO ALL APPLICANTS – Any false statement, misrepresentation or concealment of material fact on this form or any document presented in support of this application may be grounds for criminal prosecution.

Data Protection Notice - All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (EU) 2016/679 and Chapter 586 of the Laws of Malta (Data Protection Act). The data provided may be exchanged with other Public Authorities and/or Government Departments as required and permitted by Maltese Law. Transport Malta of Triq Pantar, Lija, Malta LJA2021 is the data controller for the purpose of the privacy laws. The Privacy Notice attached with this application sets out the way in which personal information/data is collected and processed by Transport Malta, as well as the steps that are taken to protect such information.

Send completed form to: Transport Malta-Civil Aviation Directorate, Malta Transport Centre, Pantar Road, Lija LJA 2021 Malta.

Application for Initial Activities related to Flight Simulation Training Devices

1 Your Reference	Please provide a brief, unique identifier that we will use to refer to your application _____	
2 Applicant Address and Contact Data		
2.1 Applicant Data		
2.1.1 Name and Address (registered (business) name and address/head office of the company)	Account Number	
	(Company) Name	
	Street / Nr	
	Post Code	
	City/Town	
	Country	
2.1.2 Accountable Manager (Responsible for ensuring TM CAD terms of payment are honoured)	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	
	First name	
	Job title	
	Phone	
	Email	
2.1.3 Compliance Manager (responsible for FSTD Operation)	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	
	Job Title	
	Phone	
	Email	
2.1.4 Compliance Monitoring Manager	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	
	First name	
	Job title	
	Phone	
	Email	

Civil Aviation Directorate

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2.1.5 Safety Manager	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	
	First name	
	Job title	
	Phone	
	Email	
2.1.6 Information Security Manager	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	
	First name	
	Job title	
	Phone	
	Email	

Important Note: First time applicants need to submit a copy of the company's **Business Registration** or similar legal document stating name and head office of the company together with the application.

2.2 Device Location (may be left blank, if same as 2.1 Applicant Data)		
2.2.1 Device Location Address	(Company) Name	
	Street / Nr	
	Post Code	
	City/Town	
	Country	
2.2.2 Contact Person	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	
	First name	
	Job title	
	Phone	
	Email	

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**Civil Aviation Directorate**Transport Malta-Civil Aviation Directorate, Malta Transport Centre, Pantar Road, Lija LJA 2021 Malta. Tel:+356 2555 5000 cadpel.tm@transport.gov.mt www.transport.gov.mt**2.3 Billing Data** (may be left blank, if same as 2.1 Applicant Data)

2.3.1 Billing Address (For the receipt of TMCAD Fees and Charges Invoices).	(Company) Name	Same as in section 2.1.1
	Street / Nr	
	City/Town	
	Post Code	
	Country	
	Email	
2.3.2 Contact Person	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms
	Name	
	First name	
	Job title	
	Phone	
	Email	generic email address, if available, e.g. accounting@company.com

Civil Aviation Directorate

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3 Identification of activity				
3.1 Audit of Management System/Compliance Monitoring System	<input type="checkbox"/> Initial audit / new location– <u>Proceed to 5</u>			Application forms for 3.1 and 3.2 cannot be combined . Please submit two separate applications.
	3.2 FSTD Qualification <input type="checkbox"/> Initial FSTD qualification			
a) A minimum of three (3) months’ notice is required before any evaluation or audit may be conducted. b) In case of an initial Management System/CMS audit: - The documentation has to be sent to TMCAD to start the project, please refer to section 6; - The audit will take place at least one month before any FSTD evaluation may be conducted. c) Prior to the evaluation, the organisation operating the FSTD and the device shall be in compliance with all applicable requirements. d) The device to be qualified must be available to the evaluation team on the agreed date, and for the necessary timeframe. e) This application has a validity of 12 months from the date it is received by TMCAD.				
4 FSTD Details				
4.1 Type of simulated aircraft If the device can simulate more than one aircraft type or variant, please submit a separate application for each of them.	Model (Type of aircraft and variant)			
	Number of different equipment fit configuration		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more	
	List of equipment fit configuration			
	List of engine fit configuration			
	Activity combined with an OEB/OSD activity		<input type="checkbox"/> No <input type="checkbox"/> Yes	
4.2 Class of aeroplane / type of helicopter (for replicating devices, i.e. FNPT) (If the device simulates more than one please submit a separate application for each of them.)	Model (class of aeroplane or type of helicopter)		<input type="checkbox"/> Single engine piston or equivalent <input type="checkbox"/> Multi engine piston or equivalent <input type="checkbox"/> Single / multi engine turboprop or turbofan or equivalent <input type="checkbox"/> Other: _____	
	4.3 Level of qualification (Please refer to the Completion Instruction section at the end of the form to ensure the right information is provided.)		<input type="checkbox"/> Aeroplane / CS-FSTD(A)	
BITD		<input type="checkbox"/>		
FNPT		<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III <input type="checkbox"/> +MCC
FTD		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
FFS		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C <input type="checkbox"/> D

Civil Aviation Directorate

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4.4 Device information	FSTD manufacturer		
	Platform serial number		
	Number of FSTD hosted by the platform	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more	
	Date of entry into service (mm/yyyy)		
	The FSTD is already holding a European Union qualification certificate	<input type="checkbox"/> No <input type="checkbox"/> Yes FSTD ID: _____	
	Operator Management System/CMS audit performed on-site by TMCAD	<input type="checkbox"/> Yes	Date: _____
<input type="checkbox"/> No			
4.5 Visual system (If applicable)	Collimated system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Field of view	<i>Horizontal x Vertical in degrees</i>	
	Display manufacturer		
	Technology	<i>(CRT, LCoS, DLP, LCoS-Laser, DLP-LED, monitors, etc.)</i>	
	Image generator (IG) manufacturer		
	IG Model		
4.6 Motion system To be completed only in the case of devices fitted with a motion system, motion seats, vibration platform, etc.	Motion manufacturer		
	Motion model		
	Motion technology and degrees of freedom	<i>e.g. hydraulic, electric, etc.</i>	
	Other features	<i>e.g. motion seats, vibration platform, etc.</i>	
5 Dates (dd/mm/yyyy)			
5.1 Requested Management System/CMS audit dates OR FSTD evaluation start date			
5.2 Qualification Test Guide (QTG) submission date to TMCAD			
5.3 Intended Ready for Training (RFT) date			

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6 Documents and manuals to be submitted with application (as applicable)

For initial audit of Management System or new FSTD location:

- Management System documentation Completed TMCAD checklist
- Certificate of Incorporation

7 Additional comments

(Additional features, capabilities or special equipment not covered in section 4, or any other information considered to be relevant to be able to complete the requested activity.)

8 Applicant's declaration and acceptance of the General Conditions and Terms of Payment

- I declare that I have the legal capacity to submit this application to TMCAD and that all information provided in this application form is correct and complete.
- I have understood that I am submitting an application for which fees or charges will be levied by TMCAD in accordance with Malta Air Navigation Order
- I am aware that fees or charges, as well as all relevant travel costs must be paid whether or not the application is successful and that they might not be refundable.
- I declare that I am aware of the consequences of non-payment.

Date/Location	Name	Signature of Accountable Manager
Important Note: TMCAD cannot accept applications without signature. Please make sure that you sign the application		
This Application should be sent by e-mail to: cadpel@transport.gov.mt		Completion Instructions (see Appendix 1)

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Appendix 1 – Completion Instructions

This Application Completion Instruction Sheet will provide you with any additional instructions and requirements necessary to complete the Application for Activities related to Flight Simulation Training Devices. It is strongly recommended to use the English language in completing the form. Please complete the form in a **clearly legible** way.

# - Field Name	Completion Instructions
1.1 Your Reference	Please provide a unique internal reference to this application. This reference will be used as an identifier of your application in all communication, e.g. invoice/s, acceptance letter, by TMCAD.
2.1.1 Name and Address	<p>Please enter the full name of the company as it appears on the Business Registration or similar legal document stating name and seat of the company. If applicable also enter the Trade Name, Doing-business-as and the Company registration number.</p> <p>Please enter the address of the registered office as it appears on the Business Registration or similar legal document.</p> <p>First time applicants need to submit a copy of the company's Business Registration or similar legal document stating name and seat of the company together with the application. If applicable, an additional translation of this document (done by an authorised translator, signed and stamped) should be submitted.</p>
2.2.1 Device Location Address	Please specify the Company name and address where the device is located. This will be the address displayed on the qualification certificate with the name of the company (see 2.1.1) included on top as the FSTD operator and holder of the qualification certificate.
2.2.2 Contact Person	The name and contact details specified in this section are those of the person to whom the certificate should be addressed.
2.3.1 Billing Address	The (company) name and address specified in this section will be printed on the invoice/s TMCAD will issue. A (company) name deviating from the one entered in section 2.1.1 is not acceptable by TMCAD. The Legal entity mentioned in section 2.1.1 must always be the same as the billing address.
2.3.2 Contact Person	The name and contact details specified in this section are those of the person that will be contacted for all issue connected with the TMCAD invoice/s. (e.g. accounts payable clerk). Responsible for ensuring the TMCAD terms of payment are honoured. An electronic invoice copy will be issued to the email address indicated here.
3.1 Management System/Compliance Monitoring System Audit	To verify if the new organisation or the new site operating the FSTD is in compliance with the applicable requirements. If this activity is requested section 4 is not applicable.
3.2 FSTD Qualification	Evaluation for the qualification of a new Flight Simulation Training Device, or an FSTD not holding a valid TMCAD qualification certificate.
4.1 Type of simulated aircraft	<p>This section applies to type specific devices. Please indicate the applicable simulated aircraft type and variant to be evaluated. If the device can simulate more than one aircraft type or variant, please submit one application for each simulated aircraft type or variant.</p> <p>If the requested activity is performed in conjunction with an Operation Suitability Data(OSD) for the entry into service of a new aircraft type, please check the "Yes" option.</p> <p>If several engine fits or configurations are simulated and available for training, please indicate all the applicable ones in the same form. They will be all evaluated and listed under a single qualification certificate.</p>

Civil Aviation Directorate

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	If several equipment fits (such as different Flight Management System, or possible avionic suites), are simulated and available for training, please indicate all the applicable ones in the same form. They will be all evaluated and listed under a single qualification certificate.
4.3 Level of qualification	Tick the box corresponding to the requested level of qualification.
4.4 Device information	<p>The FSTD serial number is the identification number or reference assigned by the device manufacturer when the device is built, it should not change as a result of subsequent device modifications.</p> <p>Devices capable of simulating more than one aircraft type/variant or class shall have the multi type “Yes” checkbox ticked and one application should be filed for each of the type/variant or class.</p> <p>The entry into service should indicate the month and year when the device was first qualified after been built (no matter the authority or standard).</p> <p>Please provide the date of the last Compliance Monitoring System audit performed on-site by TMCAD.</p>
4.5 Visual system	The field of view information should also be provided for non-collimated systems. In case of visual systems without a continuous field of view, please provide the field of view per pilot and include the words “per pilot”.
4.6 Motion system	To be completed only in the case of devices fitted with a motion system, motion seats, vibration platform, etc.
5.1 Requested Management System/CMS audit dates OR FSTD evaluation start date	Please indicate the dates you are requesting. All efforts will be made to try to accommodate these dates. Different circumstances may prevent TMCAD from actually fulfil this request. Alternative dates may be proposed to reduce costs or improve logistics and efficiency.
5.2 Qualification Test Guide (QTG) submission date	<p>The Qualification Test Guide should be submitted to the evaluation team performing the task at least one month prior the on-site evaluation of the device, or as agreed.</p> <p>A point of contact for the evaluation team will be notified to the applicant.</p>
6. Documents and manuals to be submitted with application	<p>Tick each relevant box to indicate which document is joined to the application form. Missing or incorrect documentation may lead to delays in the application process and/or start of the project.</p> <p>Please ensure the Certificate of Incorporation is included if this is your first application with TMCAD.</p>
7. Additional comments	Please indicate additional features, capabilities or special equipment not covered in section 4. Any other information considered to be relevant to be able to complete the requested activity.
8. Declaration and acceptance of General Conditions and Terms of Payment	<u>Please sign and date the application</u> , as we will not be able to process it otherwise.

Civil Aviation Directorate

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Data Protection Privacy Notice

Transport Malta of Triq Pantar, Lija, Malta LJA2021 is the Data Controller for the purpose of the Data Protection Act CAP. 586 and General Data Protection Regulation (EU) 2016/679 (GDPR). This Privacy Notice sets out the way in which we collect and process your Personal Information, as well as the steps we take to protect such information.

1. The information we collect and how we use it

1.1. From this application form Transport Malta collects different types of information which information is that required by Law and is used explicitly for your particular application. It is to be noted that if the required information is not provided the said application cannot be processed.

1.2. The primary purpose for collecting information is mainly to process the application for the service being applied for, however, your personal information may also be used for related purposes that amongst other include: sending notifications, renewal of licence/certificate after expiry period, and for the provision of information with regards to any legislative amendments which may affect the services offered to you.

2. To whom we disclose information

2.1. This information will be solely used for the reasons detailed above. However there may be cases where personal information is shared with the following third parties for reasons listed below:

- Any third party offering assistance in providing the required service;
- Any law enforcement body who may have any reasonable requirement to access your personal information;
- Third party entities responsible for the data processing contracted by Transport Malta.

3. Data Subject Rights

3.1. With respect to your privacy rights, Transport Malta is obliged to provide you with reasonable access to the Personal Data that you have provided to us. Your other principal rights under data protection law are:

- a. the right for information;
- b. the right to access;
- c. the right to rectification;
- d. the right to erasure;
- e. the right to restrict processing;
- f. the right to object to processing;
- g. the right to data portability;
- h. the right to complain to a supervisory authority; and
- i. the right to withdraw consent.

3.2. If you wish to access or amend any Personal Data we hold about you, or to request that we delete any information about you, you may contact us by sending a request to dataprotection.tm@transport.gov.mt. We will acknowledge your request within seventy-two (72) hours and will do our utmost to handle it promptly. We will respond to these requests within a month, with a possibility to extend this period for particularly complex requests in accordance with Applicable Law.

3.3. At any time, you may object to the processing of your Personal Data, on legitimate grounds, except if otherwise permitted by applicable law.

3.4. In accordance with Applicable Law, we reserve the right to withhold personal data if disclosing it would adversely affect the rights and freedoms of others. Moreover, we reserve the right to charge a fee for complying with such requests if they are deemed manifestly unfounded or excessive.

4. Retention period

4.1. Personal data will be retained for not more than 3 months from date of application should the application not be submitted complete or is rejected.

4.2. Once the service related to your application is provided, we will retain your information for as long as needed to provide you with our service, or to comply with our legal obligations, resolve disputes and enforce our agreements.

5. Security

5.1. We take appropriate security measures to protect against loss, misuse and unauthorized access, alteration, disclosure, or destruction of your information. Additionally, steps will also be taken to ensure the ongoing confidentiality, integrity, availability, and resilience of systems and services processing personal information, and will restore the availability and access to information in a timely manner in the event of a physical or technical incident. All information gathered is kept confidential and is used solely for the purpose indicated herein.

5.2. If we learn of a security systems breach, we will inform you of the occurrence of the breach in accordance with applicable law.

6. Governing Law

All data collected in this form is processed in accordance with the Privacy Laws that include General Data Protection Regulation (EU) 2016/679 and Chapter 586 of the Laws of Malta (Data Protection Act).

7. Data Protection Officer

7.1. Transport Malta has a Data Protection Officer ("DPO") who is responsible for matters relating to privacy and data protection. The DPO can be reached at the above address or by email: dataprotection.tm@transport.gov.mt

8. Contacting us

8.1. Please address any questions, comments and requests regarding the application process to cadpel.tm@transport.gov.mt