

If additional space is required for any item, attach additional sheets of paper.



U.S. Department of Transportation
Federal Aviation Administration

Application for Repair Station Certificate and/or Rating

1. Repair Station Name, Number, Location and Address

| | |
|--|--------|
| a. Official Name of Station | Number |
| b. Location where business conducted | |
| c. Official Mailing Address of Repair Station (<i>Number, Street, City, State & ZIP</i>) | |
| d. Doing Business As: | |

2. Reasons for Submission

Original Application for Certificate and Rating
 Change in Rating
 Change in Location or Housing and Facilities
 Change in Ownership
 Other (*Specify*)

3. Ratings Applied for:

| Airframe | Powerplant | Propeller | Radio | Instrument |
|-------------|------------|--------------|------------------|---|
| Class 1 | Class 1 | Class 1 | Class 1 | Class 1 |
| Class 2 | Class 2 | Class 2 | Class 2 | Class 2 |
| Class 3 | Class 3 | | Class 3 | Class 3 |
| Class 4 | | | | Class 4 |
| Accessories | Limited | | | |
| Class 1 | Airframe | Accessories | Rotor Blades | Specialized Services (<i>specify</i>) |
| Class 2 | Engine | Landing Gear | Fabric | |
| Class 3 | Propeller | Float | Emergency Equip. | |
| | Instrument | Radio | Non-Dest. Test | |

4. List of Maintenance Functions Contracted to Outside Agencies:

5. Applicant's Certification

Name of Owner (*Include name(s) of individual owner, all partners, or corporation name giving state and date of incorporation*)

I hereby certify that I have been authorize by the repair station identified in Item 1 above to make this application and that statements and attachments hereto are true and correct to the best of my knowledge.

| | | | |
|------|----------------------|-----------------------------------|-------|
| Date | Authorized Signature | Printed Name of Authorized Signer | Title |
|------|----------------------|-----------------------------------|-------|

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**Record of Action Repair
Station Inspection**

For FAA Use Only

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6. Remarks (identify by item number. Include deficiencies found, ratings denied.)

7. Findings - Recommendations

8. Date of Inspection

- A. Station was found to comply with requirements of FAR 145.
- B. Station was found to comply with requirements of FAR 145 except for deficiencies listed in Item 6.
- C. Recommend certificate with rating applied for on application be issued.
- D. Recommend Certificate with rating applied for on application (EXCEPT those listed in item 6) be issued.

| 9. Office | Signature(s) of Inspector(s) | Printed Name(s) of Inspector(s) |
|-----------|------------------------------|---------------------------------|
| | | |
| | | |
| | | |

10. Supervising or Assigned Inspector

| | | | |
|---|---|---|--|
| <p>ACTION TAKEN</p> <p>APPROVED as shown on certificate issued on date shown.</p> <p>DISAPPROVED</p> | <p>CERTIFICATE ISSUED Number</p> | Inspector's Signature | |
| | Date | Inspector's Printed Name Title | |