

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 &amp; 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
------	----------------------	-----------------------------------	-------

Paperwork Reduction Act Statement: A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0682. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain or retain benefits in accordance with 14 CFR Part 145. You may submit any comments regarding the accuracy of this burden estimate or any suggestions for reducing the burden to the Federal Aviation Administration, Aircraft Maintenance Division, AFS-300, 800 Independence Ave, SW, Washington, DC 20591, Attention FAA Form 8310-3.

**Record of Action Repair  
Station Inspection**

**For FAA Use Only**

**For FAA Use Only**

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

<b>7. Findings - Recommendations</b>	<b>8. Date of Inspection</b>
<p>A. Station was found to comply with requirements of FAR 145.</p> <p>B. Station was found to comply with requirements of FAR 145 except for deficiencies listed in Item 6.</p> <p>C. Recommend certificate with rating applied for on application be issued.</p> <p>D. Recommend Certificate with rating applied for on application (EXCEPT those listed in item 6) be issued.</p>	

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

10. Supervising or Assigned Inspector		
<p><b>ACTION TAKEN</b></p> <p>APPROVED as shown on certificate issued on date shown.</p> <p>DISAPPROVED</p>	<p><b>CERTIFICATE ISSUED</b> Number</p>	<p>Inspector's Signature</p>
	<p>Date</p>	<p>Inspector's Printed Name</p> <p align="right">Title</p>