

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*)

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**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><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>	Inspector's Signature	
	Date	Inspector's Printed Name <span style="float: right;">Title</span>	