

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