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U S Department of Transportation  
Federal Aviation Administration

## AVIATION MAINTENANCE TECHNICIAN SCHOOL CERTIFICATE AND RATINGS APPLICATION

INSTRUCTIONS: Type or print in ink. Submit original and two copies of this form (complete this side ONLY) and two copies of all attachments to the nearest FAA General Aviation District Office or Air Carrier District Office as set forth in Federal Aviation Regulations, Part 147.

1. NAME OF SCHOOL	2. TELEPHONE NO.
3. ADDRESS ( <i>Number, street, city, state, &amp; ZIP Code</i> )	4. TRAINING DIRECTOR

5. APPLICATION SUBMITTED FOR ( <i>Check as applicable</i> )	6. RATING(S) APPLIED FOR AND TOTAL HOURS PER COURSE	7. MAXIMUM NO. OF STUDENTS ENROLLED AT ANY ONE TIME												
ORIGINAL CERTIFICATE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">RATINGS</th> <th style="width: 50%;">TOTAL HOURS</th> </tr> <tr> <td style="padding: 2px;">AIRFRAME (A)</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">POWERPLANT (P)</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">A&amp;P</td> <td style="padding: 2px;"></td> </tr> </table>	RATINGS	TOTAL HOURS	AIRFRAME (A)		POWERPLANT (P)		A&P		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">DAY</th> <th style="width: 50%;">EVENING</th> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>	DAY	EVENING		
RATINGS	TOTAL HOURS													
AIRFRAME (A)														
POWERPLANT (P)														
A&P														
DAY	EVENING													
CHANGE IN RATING ( <i>Specify</i> )														
CHANGE IN OWNERSHIP ( <i>Specify</i> )														
CHANGE IN LOCATION, FACILITIES, AND EQUIPMENT ( <i>Specify</i> )	<b>7A. MAXIMUM TOTAL SCHOOL ENROLLMENT</b>													
CHANGE IN ENROLLMENT ( <i>Specify</i> )	<b>8. SCHOOL STATUS (<i>Check as applicable</i>)</b>													
OTHER ( <i>Specify</i> )	PUBLIC	PRIVATE												
	NON-PROFIT													
	<b>9. SCHOOL LOCATION (<i>Check as applicable</i>)</b>													
	ON AIRPORT	IN CITY												
	IN SUBURBS													

10. COURSE CHARACTERISTICS																				
RATINGS	HOURS PER WEEK		WEEKS PER COURSE		INSTRUCTION HOURS PER		ENROLLMENT PERIODS PER YEAR FOR		ENTRANCE REQUIREMENTS											
	DAY	EVENING	DAY	EVENING	DAY	EVENING	DAY	EVENING	PHYSICAL		SCHOLASTIC									
									YES	NO	YES	NO	YES	NO	YES	NO				
AIRFRAME (A)																				
POWERPLANT (P)																				
A & P																				

11. ATTACHMENTS ( <i>Check applicable items</i> )	
A. PROPOSED CURRICULUM	E. LIST OF REQUIRED PRACTICAL PROJECTS
B. LIST OF FACILITIES AND EQUIPMENT TO BE USED	F. SCHEDULE OF REQUIRED TESTS
C. PHOTOGRAPHS OF FACILITIES	G. COPY OF STUDENT RECORD SYSTEM
D. LIST OF INSTRUCTORS- NAMES, CERTIFICATE NOS., TYPE, AND RATINGS HELD, AND SUBJECTS TO BE TAUGHT	H. OTHER ( <i>Specify</i> )

12. APPLICANT'S CERTIFICATION
NAME OF OWNER ( <i>Include name(s) of individual owner, all partners, or corporation name giving State and date of incorporation</i> )

I hereby certify that I have been authorized by the school identified in item 1 to make this application and that statements and attachment hereto are true and correct to the best of my knowledge.

DATE	TITLE	AUTHORIZED SIGNATURE
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13. CERTIFICATION ACTION ( <i>FOR FAA USE ONLY</i> )							
ACTION	CERTIFICATE NO. ASSIGNED	RATINGS	INDICATE RATING(S) ISSUED		APPROVED MAXIMUM ENROLLMENT FOR		
APPROVED		AIRFRAME (A)	DAY	EVENING	DAY	EVENING	
DISAPPROVED	FAA FORM 8310-4 FORWARDED ON	POWERPLANT (P)					
		A&P					

REMARKS
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14. DATE CERTIFICATE ISSUED	15. OFFICE IDENTIFICATION	16. ISSUING OFFICIAL'S SIGNATURE
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## AVIATION MAINTENANCE TECHNICIAN SCHOOL INSPECTION REPORT

(FOR FAA USE ONLY)

INSTRUCTIONS: The items listed below are applicable to certification inspection and/or to surveillance. Complete each item. If an item is not applicable indicate entry as "NA".

1. NAME OF SCHOOL	2. CERTIFICATE NO.	<b>3. TYPE OF INSPECTION AND DATE</b>		
		SESSION	SURVEILLANCE	CERTIFICATION
		DAY		
		EVENING		

### 4. SCHOOL CHARACTERISTICS

SESSION	a. PRESENT ENROLLMENT			b. TOTAL NUMBER OF INSTRUCTORS			c. MAXIMUM HRS. TRAINING PER WEEK PER STUDENT <i>(Exclusive of lunch or rest periods)</i>			d. RATINGS APPLIED FOR OR NOW IN EFFECT			e. DATE OF APPROVAL FOR CURRICULUM NOW IN USE		
	AIRFRAME	POWER-PLANT	A&P	CERTIFICATED	NONCERTIFICATED	AIR-FRAME	POWER-PLANT	A&P	AIR-FRAME	POWER-PLANT	A&P	AIR-FRAME	POWER-PLANT	A&P	
DAY															
EVENING															

5. How many students were graduated during the previous 12 months?									AIRFRAME (A)		POWERPLANT (P)		A&P	
6. Instructor/student ratio.			a. Classroom						1 to		1 to		1 to	
			b. Shop						1 to		1 to		1 to	
7. Number of hours in approved curriculum.									Hrs.		Hrs.		Hrs.	

8. Is certificate current and properly displayed?	YES	NO
9. Does the curriculum in use meet the requirements of FAR 147?		
10. Is the approved curriculum actually being followed?		
11. Do facilities and equipment continue to meet the certification requirements of FAR 147?		
12. Are necessary materials, tools, and equipment available and serviceable for training?		
13. Is there a sufficient number of qualified instructors?		
14. Has there been any change in instructor or administrative personnel since the last inspection? <i>(If "YES," explain in Remarks)</i>		
15. Is classroom and shop space suitable for courses given and number of students?		
16. Are the instructional aids <i>(mockups, projectors, charts, films, etc.)</i> current, specifically applicable to the curriculum, and sufficient for all phases of training?		
17. Are there sufficient copies of FAR's, manufacturer's instructions, etc.?		
18. Have proper safety measures been taken to insure protection of students operating hazardous equipment including facilities for running engines?		
19. Are student records current and do they reflect:		
a. Daily actual hours students have been in class?		
b. Progress through courses in the curriculum including accomplishment of laboratory and shop projects?		
c. Grades for all courses including quizzes, tests, and practical projects?		

20. REMARKS AND ITEMS TO FOLLOW UP ON NEXT INSPECTION *(Use additional sheets if more space is needed)*

<b>21. INSPECTION RESULTS</b>	<b>22. OFFICE IDENTIFICATION</b>	<b>23. INSPECTOR'S SIGNATURE</b>
SATISFACTORY		
UNSATISFACTORY		
OTHER		