

OMB CONTROL NUMBER: 2120-0040
EXPIRATION DATE: 09/30/2019

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All responses to this collection of information are required to obtain or retain a benefit, Title 14 CFR Part 147. Respondents are not given an assurance of confidentiality. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524



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, & 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: 30%;">RATINGS</th> <th style="width: 30%;">TOTAL HOURS</th> <th style="width: 15%;">DAY</th> <th style="width: 15%;">EVENING</th> </tr> <tr> <td style="padding: 2px;">AIRFRAME (A)</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">POWERPLANT (P)</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">A&P</td> <td></td> <td></td> <td></td> </tr> </table> | RATINGS | TOTAL HOURS | DAY | EVENING | AIRFRAME (A) | | | | POWERPLANT (P) | | | | A&P | | | | 7A. MAXIMUM TOTAL SCHOOL ENROLLMENT |
| RATINGS | TOTAL HOURS | DAY | EVENING | | | | | | | | | | | | | | | |
| AIRFRAME (A) | | | | | | | | | | | | | | | | | | |
| POWERPLANT (P) | | | | | | | | | | | | | | | | | | |
| A&P | | | | | | | | | | | | | | | | | | |
| CHANGE IN RATING (<i>Specify</i>) | | | | | | | | | | | | | | | | | | |
| CHANGE IN OWNERSHIP (<i>Specify</i>) | | | | | | | | | | | | | | | | | | |
| CHANGE IN LOCATION, FACILITIES, AND EQUIPMENT (<i>Specify</i>) | | | | | | | | | | | | | | | | | | |
| CHANGE IN ENROLLMENT (<i>Specify</i>) | 8. SCHOOL STATUS (<i>Check as applicable</i>) | | | | | | | | | | | | | | | | | |
| OTHER (<i>Specify</i>) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">PUBLIC</td> <td style="width: 33%;">PRIVATE</td> <td style="width: 33%;">NON-PROFIT</td> </tr> </table> | PUBLIC | PRIVATE | NON-PROFIT | | | | | | | | | | | | | | |
| PUBLIC | PRIVATE | NON-PROFIT | | | | | | | | | | | | | | | | |
| | 9. SCHOOL LOCATION (<i>Check as applicable</i>) | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">ON AIRPORT</td> <td style="width: 33%;">IN CITY</td> <td style="width: 33%;">IN SUBURBS</td> </tr> </table> | ON AIRPORT | IN CITY | IN SUBURBS | | | | | | | | | | | | | | |
| 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 |
|------|-------|----------------------|

| 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 |
|---------|

| | | |
|-----------------------------|---------------------------|----------------------------------|
| 14. DATE CERTIFICATE ISSUED | 15. OFFICE IDENTIFICATION | 16. ISSUING OFFICIAL'S SIGNATURE |
|-----------------------------|---------------------------|----------------------------------|

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. | 3. TYPE OF INSPECTION AND DATE | | |
| | | 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)*

| | | |
|-------------------------------|----------------------------------|----------------------------------|
| 21. INSPECTION RESULTS | 22. OFFICE IDENTIFICATION | 23. INSPECTOR'S SIGNATURE |
| SATISFACTORY | | |
| UNSATISFACTORY | | |
| OTHER | | |