			FAA Form 8310-6, Aviation Maintenance Technic
Page	Section/Block #	Block Type	Block Title
i	Supplemental Page	Text	Paperwork Reduction Action Statement
i	Supplemental Page	Text	Instructions for Completing FAA Form 8310-6
1	Form Title	Text	FAA Form 8310-6, Aviation Maintenance Technician School Certificate and Ratings Application
1	Α	Title	APPLICANT
1	1	Text	Name of School
1	2	Text	Additional Buisiness Names (Doing Business As (DBA))
1	3	Text	Name of Contact/Training Director
1	4	Text	Contact Telephone No.
1	5	Text	Contact Email Address
1	В	Title	PURPOSE OF APPLICATION
1	1	Checkbox	Original Certificate
1	<b>1</b> a	Checkbox	Ratings Requested - Airframe/Powerplant/Airframe and Powerplant
1	1b	Checkbox	Additional Training Locations Requested - Yes/No
4	0	Chaskbay	Annual Localification
1	2	Checkbox	Amended Certificate
1	2a	Checkbox	Added Rating Airframe/Powerplant/Airframe and Powerplant

1 2c Checkbox/ Text Change of Location (Primary Location)  1 2d Checkbox/ Change of Name  1 3 Checkbox OTHER  1 3a Text Indentify Reason for Submission  1 C Title FACILITIES  1 1 Text Physical Address of the Primary School Location Address/City/State/ZIP/Country  1 2 Text Mailing Address of the School Address/City/State/ZIP/Country  2 Checkbox Same as Physical Address  1 3 Text Physical Address of Additional Training Locations Address/City/State/ZIP/Country  1 2 Checkbox Additional Locations Attached	1	2b	Checkbox	Removed Rating Airframe/Powerplant/Airframe and Powerplant
1 3 Checkbox OTHER 1 3a Text Indentify Reason for Submission 1 C Title FACILITIES 1 1 Text Physical Address of the Primary School Location Address/City/State/ZIP/Country  1 2 Text Mailing Address of the School Address/City/State/ZIP/Country  2 Checkbox Same as Physical Address 1 3 Text Physical Address of Additional Training Locations Address/City/State/ZIP/Country  1 2 Checkbox Additional Locations Attached	1	2c		Change of Location (Primary Location)
1 C Title FACILITIES  1 1 Text Physical Address of the Primary School Location Address/City/State/ZIP/Country  1 2 Text Mailing Address of the School Address/City/State/ZIP/Country  2 Checkbox Same as Physical Address  1 3 Text Physical Address of Additional Training Locations Address/City/State/ZIP/Country  1 2 Checkbox Additional Locations Attached	1	2d		Change of Name
1 C Title FACILITIES  1 1 Text Physical Address of the Primary School Location Address/City/State/ZIP/Country  1 2 Text Mailing Address of the School Address/City/State/ZIP/Country  2 Checkbox Same as Physical Address  1 3 Text Physical Address of Additional Training Locations Address/City/State/ZIP/Country  1 2 Checkbox Additional Locations Attached	1	3	Checkbox	OTHER
1 1 Text Physical Address of the Primary School Location Address/City/State/ZIP/Country  1 2 Text Mailing Address of the School Address/City/State/ZIP/Country  2 Checkbox Same as Physical Address  1 3 Text Physical Address of Additional Training Locations Address/City/State/ZIP/Country  1 2 Checkbox Additional Locations Attached	1	3a	Text	Indentify Reason for Submission
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1 3 Text Physical Address of Additional Training Locations Address/City/State/ZIP/Country  1 2 Checkbox Additional Locations Attached	1	2	Text	
Address/City/State/ZIP/Country  1 2 Checkbox Additional Locations Attached		2	Checkbox	Same as Physical Address
	1	3	Text	Physical Address of Additional Training Locations Address/City/State/ZIP/Country
1 D Title APPLICATION ATTACHEMENTS	1	2	Checkbox	Additional Locations Attached
	1	D	Title	APPLICATION ATTACHEMENTS

1	D	Check boxes Description of Facilities (each location)
		☐ Description of equipment (each location)
		☐ Description of materials (each location)
		☐ Description of curriculum
		☐ Description of ensuring instructor requirements
		☐ Curriculum
		☐ Evidence of instructor qualifications
		☐ Evidence of accreditation (as applicable)
		☐ Quality Control System (as applicable)
		☐ Other (list other application attachments):

1	E	Title	APPLICANT'S CERTIFICATION
1	E	Text	Name of Authorized Representative of the Applicant
1	Е	Text	Title of Authorized Representative of the Applicant
1	E	Text	Date
1	Е	Text	Authorized Representative Signature
1	F	Title	FAA CERTIFICATION ACTION
1	F	Text	Action Taken Approved/Disapproved
1	F	Checkbox	Certificate Issued Number Date Ratings Issued

1 F Text Date

1 F Text FAA Signature

1 F Text FAA Office/Designation No.

ian School Certificate and Ratings Application			
Block Help Text	Business Need Describes the Business need for collecting this information from the public.	8310-6 (1-83)	8310-6 (04-22)
None	Statement for the Paperwork Reduction Act (PRA) of 1995	Υ	Υ
None	To provide applicants with guidance on how to appropriately complete the form.	N	Υ
None	The title of the Form/Information Collection approved by OMB	Y	Υ
	Section Title		
	Required to determine who the applicant is.	Y	Υ
If applicable.	Required to identify additional names used by the applicant.	N	Υ
	Required to be able to contact the applicant for the certification.	Υ	Υ
	Required to be able to contact the applicant for the certification.	Υ	Υ
	Required to be able to contact the applicant for the certification.	N	Υ
None	Section Title	N	Υ
	Required to determine the purpose application is being made.	Υ	Υ
Specify	Required to show the ratings requested per 147.11.	Υ	Υ
During initial certification	Required to determine the scope of the application being made.	N	Υ
Indicate only those items that are additions/changes to what is currently approved.	Required to determine the purpose application is being made.	Y	Υ
Specify	Required to show the added ratings requested per 147.11.	Υ	Υ

Specify	Required to show the ratings requested for removal per 147.11.	Υ	Υ
Enter new physical and/or mailing address in section C below.	Required to indicate the AMTS is changing its primary school location.	N	Υ
Enter new name or changes to DBA	Required to show any changes to the schools name, including addition or removal of DBA.	N	Υ
	Required to indicate if the application is being made for some other reason.	Υ	Υ
	Required to indicate if the application is being made for some other reason.	Υ	Υ
None	Section Title	Υ	Υ
	Required to show the primary location of the school per 147.5.	Y	Υ
	Required to be able to send correspondence to the school if the mailing address is different from the physical address.	N	Υ
	Applicant may check this box in lieu of entering an address that is the same as block C1.	N	Υ
	Required to show the additional training locaitons of the school as required by 147.5.	N	Υ
	Applicant may check this box if more than 2 additional training locations are being requested on this application.	N	Υ
None	Section Title	Υ	Υ

N	-		_
N	О	n	е

None

Assists applicant in ensuring that application includes the required attachments/information as specified in 147.5.

Υ	Y
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Υ

Print Name	Required to have a certification that the individual making application is authorized to do so on behalf of the applicant in block A1.	Y	Υ
Print Title	Required to have a certification that the individual making application is authorized to do so on behalf of the applicant in block A1.	Y	Υ
MM/DD/YYYY	Required to have a certification that the individual making application is authorized to do so on behalf of the applicant in block A1.	Υ	Υ
	Required to have a certification that the individual making application is authorized to do so on behalf of the applicant in block A1.	Υ	Υ
FOR FAA USE ONLY		Υ	Υ
	Records FAA action relative to the application	Υ	Υ
(Expires in 30 Days)	Records FAA action relative to the application	Υ	Υ

Section Title

(Print Name and Sign)	FAA signature here indicates the FAA's endorsement to allow the applicant to test for an inspection authorization.	Y	Y
(MM/DD/YYYY)	Records the date of the FAA action was approved.	Υ	Υ
	Records the FAA office approving the action.	Υ	Υ

Differences from previous form revision		
Description of Differences	Additional comments	Block Completed By: A=Applicant F=FAA O=Other
Expiration date will be updated once approved by OMB.		N/A
New		N/A
No differences.		N/A
New Section Title		
No change.		Α
New		А
		А
		Α
New		Α
New Section Title		
No change.		А
Similar to old form, but uses checkboxes instead of free text to indicate ratings requested.		А
New - supports new regulatory provision for additional training locations.		А
Similar to old form.		А
Similar to old form, which had a "Change in Rating" block.		А

Similar to old form, which had a "Change in Rating" block.	Α
Similar to old form, which had a "Change in Location, Facilities, and Equipment" block.	Α
New	Α
No change.	Α
No change.	Α
Similar to old form - Specific to the "primary location" since the new regulation allows additional training locaitons; placed in different section of the form; the address must also include the "COUNTRY" the school is located in.	Α
Added	Α
Added	Α
Added to support the new regulatory provision allowing additional training locations.	Α
Added	Α

Similar to old form. Old form required name of an Owner. Since schools are not always identified with an "owner", this was changed to only require the person making application be authorized to do so on behalf of the school making application.	Α
Similar to old form. Old form required name of an Owner. Since schools are not always identified with an "owner", this was changed to only require the person making application be authorized to do so on behalf of the school making application.	Α
No change.	Α
No change.	Α

No change.

All information is must reflect the actual certificate issued to the applicant.

This date may be different if the FAA signed the application on	
a different date than the day the certificate was issued.	
Although in most cases this should be the same date as the	
date the certificate was issued.	

No change.
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No change.

## **Instructions to Applicant**

An electronic, fillable version of FAA Form 8310-6 is available at www.faa.gov. Make all entries using permanent dark blue or black ink, or a typewriter or printer. Electronic signatures are acceptable when the form is submitted electronically.

Name of School. Enter the name of the school making application. This is the name that will be entered on the Air Agency Certificate. If requesting a name change, enter the name currently on the Air Agency Certificate. Refer to Section B for name change.

Additional Business Names (Doing Business As (DBA)). Enter any DBA to be used by the school in the conduct of part 147 training operations.

Name of Contact/Training Director. Enter the name of the school's primary point of contact for receiving FAA communications.

Contact Telephone No. Enter the telephone number of the school's primary point of contact for receiving FAA communications.

Contact Email Address. Enter the email address of the school's primary point of contact for receiving FAA communications.

ORIGINAL CERTIFICATE. If making an original application for an Air Agency certificate, mark this block. Complete additional blocks in this section as appropriate:

Rating(s) requested: Mark one or more blocks to indicate the rating(s) being requested by the school.

Additional Training Locations. Indicate if requesting additional training locations during initial certification. If yes, include the address of all additional locations in Section C. Ensure the attachments listed under Section D include information relative to each additional training location(s).

AMENDED CERTIFICATE. If making application for an amended Air Agency certificate, mark this block. Complete additional blocks in this section as appropriate:

Added rating: Mark appropriate blocks to indicate the rating(s) being added.

Removed rating: Mark appropriate blocks to indicate the rating(s) being removed.

Change in location. Mark this block if requesting a change in the primary location of the school. Enter the new physical and/or mailing address of the primary location in Section C.

Change of name. Mark this block if requesting a name change or for the addition or changes to the additional business name(s) (DBA) for the school. Enter the new name of the school, or the added/removed DBA of the school in this block.

OTHER. Mark this block if the purpose for application is other than one of those listed above.

Explain the reason for submission. If more space is needed an additional page or pages may be attached.

NOTE: Foreign addresses should be entered as appropriate to the address format of the country where the certificate will be issued.

Physical Address of Primary School Location. Enter the physical address of the primary location of the school. This is the address that will be entered on the Air Agency Certificate.

Mailing Address of School. Enter the address where the school will receive official mail. If the block "Same as Physical Address" is marked, then the mailing address may be left blank.

If the block "Same as Physical Address" is marked, then the mailing address may be left blank.

Physical Address of Additional Training Locations. Enter the physical address of each additional training location being requested. Attach a separate sheet listing additional locations if needed.

If attaching a separate sheet, mark the block indicating additional locations are attached.

Mark the appropriate blocks to indicate the application attachments. Additional attachments may be annotated in the "Other" block.

- ② Descriptions of Facilities, Equipment, and Materials. These are the descriptions required by 147.5(b) (1). Descriptions must be included for each training location of the school.
- Description of Curriculum. This is the description required by § 147.5(b) (2).
- Description of Instructor Requirements. This is the description required by 147.5(b)(3).
- 2 Curriculum. Required by § 147.5(b) (4). The school must show it has a curriculum meeting the requirements of by §147.17.
- 2 Evidence of Instructor Qualifications. Required by § 147.5(b)(4). The school must show how it meets the requirements of § 147.19.
- 2 Evidence of Accreditation. Required by § 147.5(b) (4). The school must show how it meets the requirements of § 147.23(a) (1), if applicable.
- ② Quality Control System. Required by § 147.5(b) (4). The school must show how it meets the requirements of § 147.23(a) (2), and submit its procedures for FAA approval, if applicable.
- 2 Other. Mark this block if including additional attachments. List the attachments by name.

Name of Authorized Representative of Applicant. Print the name of the individual authorized to make application on behalf of the school applicant described in Section A.

Title of Authorized Representative of the Applicant. Enter the title used by the authorized representative.

Date. Enter the date the application was signed, using MM/DD/YYYY format.

Authorized Representative Signature. The person authorized to make application on behalf of the school must sign their name.

FAA Form 8310-6, Aviation Maintenance Technician School				
Form Version	Page	Section/Block #	Block Title	
8310-6 (1-83)	1	5	Change in Ownership	
8310-6 (1-83)	1	5	Change in Enrollment	
8310-6 (1-83)	1	6	Rating(s) Applied for and Total Hours per Course	
8310-6 (1-83)	1	7	Maximum No. of Students Enrolled at any one Time	
8310-6 (1-83)	1	7A.	Maximum Total School Enrollment	
8310-6 (1-83)	1	8	School Status Public/Private/Non-profit	
8310-6 (1-83)	1	9	School Location On airport/In City/In Suburbs	
8310-6 (1-83)	1	10	Course Characteristics	
8310-6 (1-83)	1	5	Contact Email Address	
8310-6 (1-83)	2	All	Aviation Maintenance Technician School Inspection Report (FOR FAA USE ONLY)	

## **Certificate and Ratings Application**

## Business Need REASON FOR REMOVAL

The new part 147 IFR does not have any requirements related to ownership.

The new part 147 IFR does not have any requirements related to student enrollment, or approving student enrollment.

The new part 147 IFR does not have any requirements related to hours per course.

"Ratings applied For" information is retained on the new form.

The new part 147 IFR does not have any requirements related to student enrollment, or approving student enrollment.

The new part 147 IFR does not have any requirements related to student enrollment, or approving student enrollment.

The new part 147 IFR does not have any requirements related to school status in the context presented in these blocks.

The new part 147 IFR does not have any requirements related to school location in the context presented in these blocks.

The new part 147 IFR does not have any requirements related to course characteristics, in the context presented in these blocks.

Required to be able to contact the applicant for the certification.

Page 2 is no longer needed by the FAA. Part 147 vitals information and Surveillance results are entered into the appropriate FAA databases.