



FAA Form 8310-3, Application for Repair Station Certificate and/or Rating

Supplemental Information and Instructions

OMB CONTROL NUMBER: 2120-0682
EXPIRATION DATE: 11/30/2024

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All responses to this collection of information are required to obtain or retain benefits in accordance with 14 CFR Part 145. 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.

INSTRUCTIONS FOR COMPLETING FAA FORM 8310-3 APPLICATION FOR REPAIR STATION CERTIFICATE AND/OR RATING

BLOCKS 1 THROUGH 5 MUST BE COMPLETED BY ALL INITIAL APPLICANTS. OTHER THAN INITIAL APPLICANTS MUST INCLUDE INFORMATION NECESSARY TO SUBSTANTIATE THE REQUESTED CHANGE OR RENEWAL.

Block 1.a. Official Name of Station. Insert the repair station official business name. If the applicant is not an individual then documentation must be provided by state or local government's authority attesting to the designation of a business name for the location listed in block 1.b. If the certificate holder's name, including any DBAs, changes, it will be required to apply for an amendment to its certificate. **Number.** If a precertification number is assigned, insert the number in this block. If the repair station holds a permanently assigned certification number, insert the number in this block.

Block 1.b. Location Where Business Is Conducted. Insert the address of the physical location of the primary repair station facility. This location will be inspected by the FAA for compliance with 14 CFR Part 145.



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Instructions for Completing FAA Form 8310-3, continued.

Block 1.c. Official Mailing Address of Repair Station. If the repair station mailing address is other than the location in block 1.b., insert the mailing address here. If blocks 1.b. and 1.c. are the same you may insert the word SAME in block 1.c.

Block 1.d. Doing Business As. Insert any additional business names the repair station will do business as (DBA). If the applicant chooses to use DBAs, state or local governments that require the registration of trade names or DBAs should provide documentation to substantiate authority to use the additional names.

Block 1.e. 145.51(e) Statement. The applicant must indicate whether any person described in part 145.51(e) is or will be involved in the management, control, or have substantial ownership in the repair station. An affirmative answer will require a detailed explanation on a separate attachment page and may or may not result in denial. A fraudulent or intentionally false answer is a basis for suspending or revoking the repair station certificate and any certificate, approval, or authorization issued by the FAA.

Block 2. Reason for Submission. Check the appropriate reason. If the reason is other than one of those listed, check 'Other' and explain the reason for submission. If more space is needed an additional page or pages may be attached.

Block 3. Ratings Applied For. The applicant will check the appropriate block for the articles intended to be maintained or altered and approved for return to service. A rating for specialized services is intended to be process based, not article based. If there are any questions regarding what the appropriate rating may be, review section 145.59 and 145.61. If you still are not clear consult with your local FAA Flight Standards District Office.

Block 4. List of Maintenance Functions to be Contracted to Outside Agencies. The applicant will indicate the functions included in the ratings applied for that will be performed by outside agencies but for which the applicant will be responsible.

Block 5. Applicant's Certification. Name of Owner (include name(s) of individual owners, all partners, or corporation name giving state and date of incorporation). If more space is needed an additional page or pages may be attached as necessary. Below the printed Certification Statement, the applicant must insert the date of signature, signature, printed name of authorized signer, and title of authorized signer (if not an individual applicant the person signing should provide documentation of signatory authority).

Page 2 of FAA Form 8310-3 is for FAA use only.

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. Applicant Information	2. Reasons for Submission
<p>a. Official Name of Station Number</p> <hr/> <p>b. Location Where Business Is Conducted</p> <hr/> <p>c. Official Mailing Address of Repair Station (<i>Number, Street, City, State & ZIP</i>)</p> <hr/> <p>d. Doing Business As:</p> <hr/> <p>e. Will any person as described in part 145.51(e) be involved with the management, control, or have substantial ownership of the repair station? <input type="checkbox"/> YES <input type="checkbox"/> NO If 'YES', provide a detailed explanation on a separate page.</p>	<p><input type="checkbox"/> Original Application for Certificate and Rating Change in</p> <p><input type="checkbox"/> Rating</p> <p><input type="checkbox"/> Change in Location or Housing and Facilities Change in</p> <p><input type="checkbox"/> Name or Ownership</p> <p><input type="checkbox"/> Satellite Facility (List managerial control certificate)</p> <p><input type="checkbox"/> Other (<i>Specify</i>)</p> <hr/> <hr/> <hr/> <hr/>

3. Ratings Applied for:

<input type="checkbox"/> Airframe <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	<input type="checkbox"/> Powerplant <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> Propeller <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2	<input type="checkbox"/> Radio <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> Instrument <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4
<input type="checkbox"/> Accessories <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3	<input type="checkbox"/> Limited <input type="checkbox"/> Airframe <input type="checkbox"/> Engine <input type="checkbox"/> Propeller <input type="checkbox"/> Instrument	<input type="checkbox"/> Accessories <input type="checkbox"/> Landing Gear <input type="checkbox"/> Float <input type="checkbox"/> Radio	<input type="checkbox"/> Rotor Blades <input type="checkbox"/> Fabric <input type="checkbox"/> Emergency Equip. <input type="checkbox"/> Non-Dest. Test	<input type="checkbox"/> Specialized Services (<i>specify</i>) <hr/> <input type="checkbox"/> Any other purpose for which the FAA finds the applicant's request is appropriate <hr/>

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 am authorized 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

**Record of Action Repair
Station Inspection**

6. Remarks (identify by item number. Include deficiencies found, ratings denied, reason for denial, etc.)

<p>7. Findings - Recommendations</p> <p><input type="checkbox"/> A. Applicant demonstrated compliance with requirements of 14 CFR part 145 (for reasons stated in block 2) on date indicated.</p> <p><input type="checkbox"/> B. Recommend approval. Any exceptions or changes by FAA from applicants original request are explained in block 6.</p> <p><input type="checkbox"/> C. Certification action terminated. Explanation in block 6.</p> <p><input type="checkbox"/> D. Denial. Explanation in block 6.</p>	<p>8. Date of Inspection</p>
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9. Office	Signature(s) of Inspector(s)	Printed Name(s) of Inspector(s)

10. Supervising or Assigned Inspector		
<p>ACTION TAKEN</p> <p><input type="checkbox"/> APPROVED as shown on certificate issued on date shown.</p> <p><input type="checkbox"/> DISAPPROVED</p>	<p>CERTIFICATE ISSUED</p> <p>Number</p> <hr/> <p>Date</p>	<p>Inspector's Signature</p> <hr/> <p>Inspector's Printed Name Title</p>