

Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0040. Public reporting for this collection of information is estimated to be approximately 14 hours to complete this form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, to include the attachments needed for application.

All responses to this collection of information are required to obtain or retain a benefit under 14 CFR part 147. 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 8310-6

- 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.

Section A. Applicant

1. **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.
2. **Additional Business Names (Doing Business As (DBA)).** Enter any DBA to be used by the school in the conduct of part 147 training operations.
3. **Name of Contact/Training Director.** Enter the name of the school's primary point of contact for receiving FAA communications.
4. **Contact Telephone No.** Enter the telephone number of the school's primary point of contact for receiving FAA communications.
5. **Contact Email Address.** Enter the email address of the school's primary point of contact for receiving FAA communications.

Section B. Purpose of Application

1. **ORIGINAL CERTIFICATE.** If making an original application for an Air Agency certificate, mark this block. Complete additional blocks in this section as appropriate:
 - a. **Rating(s) requested:** Mark one or more blocks to indicate the rating(s) being requested by the school.
 - b. **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).
2. **AMENDED CERTIFICATE.** If making application for an amended Air Agency certificate, mark this block. Complete additional blocks in this section as appropriate:
 - a. **Added rating:** Mark appropriate blocks to indicate the rating(s) being added.
 - b. **Removed rating:** Mark appropriate blocks to indicate the rating(s) being removed.
 - c. **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.
 - d. **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.
3. **OTHER.** Mark this block if the purpose for application is other than one of those listed above.
 - a. Explain the reason for submission. If more space is needed an additional page or pages may be attached.

Section C. Facilities

1. **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.
 2. **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.
 3. **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.
- NOTE:** Foreign addresses should be entered as appropriate to the address format of the country where the certificate will be issued.

Section D. Application Attachments

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

- **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).
- **Curriculum.** Required by § 147.5(b) (4). The school must show it has a curriculum meeting the requirements of by §147.17.
- **Evidence of Instructor Qualifications.** Required by § 147.5(b)(4). The school must show how it meets the requirements of § 147.19.
- **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.
- **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.
- **Other.** Mark this block if including additional attachments. List the attachments by name.

Section E. Applicant's Certification

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.

Section F. FAA Certification Action

This section is for FAA use only.



Aviation Maintenance Technician School Certificate and Ratings Application

A. APPLICANT

1. Name of School		2. Additional Business Names (Doing Business As (DBA)) (If applicable)	
3. Name of Contact/Training Director	4. Contact Telephone No.	5. Contact Email Address	

B. PURPOSE OF APPLICATION

1. <input type="checkbox"/> ORIGINAL CERTIFICATE	a. RATINGS REQUESTED (Specify): <input type="checkbox"/> AIRFRAME <input type="checkbox"/> POWERPLANT <input type="checkbox"/> AIRFRAME AND POWERPLANT	b. ADDITIONAL TRAINING LOCATIONS REQUESTED (during initial certification): <input type="checkbox"/> NO <input type="checkbox"/> YES (Enter address information in section C below)
2. <input type="checkbox"/> AMENDED CERTIFICATE (Indicate only those items that are additions/changes to what is currently approved.)	a. <input type="checkbox"/> ADDED RATING (Specify): <input type="checkbox"/> AIRFRAME <input type="checkbox"/> POWERPLANT <input type="checkbox"/> AIRFRAME AND POWERPLANT	
	b. <input type="checkbox"/> REMOVED RATING (Specify): <input type="checkbox"/> AIRFRAME <input type="checkbox"/> POWERPLANT <input type="checkbox"/> AIRFRAME AND POWERPLANT	
	c. <input type="checkbox"/> CHANGE OF LOCATION (Primary Location) (Enter new physical and/or mailing address in section C below)	
	d. <input type="checkbox"/> CHANGE OF NAME: (Enter new name or changes to DBA)	
3. <input type="checkbox"/> OTHER	a. IDENTIFY REASON FOR SUBMISSION:	

C. FACILITIES

1. PHYSICAL ADDRESS OF PRIMARY SCHOOL LOCATION.				
Address	City	State	Zip Code	Country
2. MAILING ADDRESS OF SCHOOL <input type="checkbox"/> Same as Physical Address.				
Address	City	State	Zip Code	Country
3. PHYSICAL ADDRESS OF ADDITIONAL TRAINING LOCATIONS. (List additional locations on separate sheet if needed) <input type="checkbox"/> Additional Locations Attached				
Address	City	State	Zip Code	Country
Address	City	State	Zip Code	Country

D. APPLICATION ATTACHMENTS

<input type="checkbox"/> Description of Facilities (each location)	<input type="checkbox"/> Description of ensuring instructor requirements	<input type="checkbox"/> Quality Control System (as applicable)
<input type="checkbox"/> Description of equipment (each location)	<input type="checkbox"/> Curriculum	<input type="checkbox"/> Other (list other application attachments):
<input type="checkbox"/> Description of materials (each location)	<input type="checkbox"/> Evidence of instructor qualifications	_____
<input type="checkbox"/> Description of curriculum	<input type="checkbox"/> Evidence of accreditation (as applicable)	_____

E. APPLICANT'S CERTIFICATION

NAME OF AUTHORIZED REPRESENTATIVE OF THE APPLICANT (Print Name)		TITLE OF AUTHORIZED REPRESENTATIVE OF THE APPLICANT (Print Title)
I hereby certify that I have been authorized by the school identified in section A to make this application and that statements and attachments hereto are true and correct to the best of my knowledge.		
DATE (MM/DD/YYYY)	AUTHORIZED REPRESENTATIVE SIGNATURE	

F. FAA CERTIFICATION ACTION (FOR FAA USE ONLY)

ACTION TAKEN		CERTIFICATE ISSUED	
<input type="checkbox"/> APPROVED	Number: _____ Date: _____	Ratings Issued:	
<input type="checkbox"/> DISAPPROVED (Certificate NOT Issued)		<input type="checkbox"/> AIRFRAME <input type="checkbox"/> POWERPLANT <input type="checkbox"/> AIRFRAME AND POWERPLANT	
Date	FAA Signature (Print Name and Sign)		FAA Office/Designation No.