



U.S. Department of Transportation
Federal Aviation Administration

Application for Repair Station Certificate and/or Rating

1. Repair Station Name, Number, Location and Address

a. Official Name of Station	Number
b. Location where business conducted	
c. Official Mailing Address of Repair Station (<i>Number, Street, City, State & ZIP</i>)	
d. Doing Business As:	

2. Reasons for Submission

- Original Application for Certificate and Rating
- Change in Rating
- Change in Location or Housing and Facilities
- Change in Ownership
- Other (*Specify*)

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"/> <i>Specialized Services (specify)</i> <hr/> <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 have been authorize 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
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PAPERWORK REDUCTION ACT STATEMENT: The information collected on this form is necessary to determine applicant eligibility for repair station ratings. This information is used to determine certification and operation eligibility. It is estimated that it will take approximately 15 minutes to complete this form. The information collected is required to obtain a benefit. Confidentiality is not promised. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this collection of information is 2120-0010.

**Record of Action Repair
Station Inspection**

For FAA Use Only

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6. Remarks (identify by item number. Include deficiencies *found, ratings denied.*)

Large empty rectangular area for recording remarks.

7. Findings - Recommendations **8. Date of Inspection**

- A. Station was found to comply with requirements of FAR 145.
- B. Station was found to comply with requirements of FAR 145 except for deficiencies listed in Item 6.
- C. Recommend certificate with rating applied for on application be issued.
- D. Recommend Certificate with rating applied for on application (EXCEPT those listed in item 6) be issued.

Empty rectangular area for recording the date of inspection.

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>	<p>Inspector's Signature</p>
	<p>Date</p>	<p>Inspector's Printed Name</p> <p style="text-align: right;">Title</p>