

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. Repair Station Name, Number, Location and Address	2. Reasons for Submission
<p>a. Official Name of Station Number</p> <hr/> <p>b. Location where business 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> <input type="checkbox"/> Original Application for Certificate and Rating <input type="checkbox"/> Change in Rating <input type="checkbox"/> Change in Location or Housing and Facilities <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Other (<i>Specify</i>) </p> <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	Specialized Services (<i>specify</i>) <hr/> <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

Paperwork Reduction Act Statement: This form is used to apply for certification, additional ratings, or a change to a repair station in accordance with 14 CFR part 145. The FAA estimates that the average burden for this report form is 15 minutes per response. 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 OMB control number associated with this collection is 2120-0682. You may submit any comments regarding the accuracy of this burden estimate or any suggestions for reducing the burden to the Federal Aviation Administration, Aircraft Maintenance Division, AFS-300, 800 Independence Ave, SW, Washington, DC 20591, Attention FAA Form 8310-3.

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

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