6. Department of Transport deral Aviation Administra		Application for Repair Station Certificate and/or Rating			
	ber, Location and Address		2. Reasons for	Submission	
fficial Name of Station ccation where business cor fficial Mailing Address of R	nducted epair Station (Number, Street	Original Application for Certificate a Change in Rating Change in Location or Housing and Change in Ownership Other (Specify)		_	
oing Business As:					
Airframe	Powerplant	Propeller	Radio)	Instrument
Class 1 Class 2 Class 3 Class 4	Class 1 Class 2 Class 3	Class 1 Class 2	CI	ass 1 ass 2 ass 3	Class 1 Class 2 Class 3 Class 4
Accessories	Limited				
Class 1 Class 2 Class 3	Airframe Engine Propeller Instrument	Accessories Landing Gear Float Radio	Rotor Blades Fabric Emergency Equip. Non-Dest. Test	Specialized S	Services (specify)

Date Authorized Signature Printed Name of Authorized Signer Title

I hereby certify that I have been authorize by the repair station identified in Item 1 above to make this application

Name of Owner (Include name(s) of individual owner, all partners, or corporation name giving state and date of incorporation)

and that statements and attachments hereto are true and correct to the best of my knowledge.

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 2120-0862. 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.

Record of Action Repair								
For FAA Use Only			Station Inspection		For FAA Use Only			
6. Remarks (identify by item number. Include deficiencies found, ratings denied.)								
7. Findings - Recommenda	tions				8. Date of Inspection			
A. Station was four	nd to co	mply with requirements of F	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.								
9. Office			Printed Name(s) of	Inspector(s)				
<u> </u>		C.g.iata.o(c) o. niopostor(a)		r mice name(s) of mapedion(s)				
10. Supervising or Assigned		ector ERTIFICATE ISSUED	Inspector's Signature		_			
APPROVED	Num							
as shown on certificate								
issued on date shown.	Date		Inspector's Printed Name	Т	itle			
DISAPPROVED								