

MECHANIC'S APPLICATION FOR INSPECTION AUTHORIZATION

1. NAME: <i>(Last, first, middle)</i>		2. MECHANIC CERTIFICATE NO.:		
3. MAILING ADDRESS: <i>(Number, street, city, State/County, ZIP Code)</i> (Place at which you desire to receive Airworthiness Directives, etc.)	4a. FIXED BASE OF OPERATIONS <small>PLACE AT WHICH YOU MAY BE LOCATED IN PERSON DURING NORMAL WORKING WEEK.</small>		4b. TELEPHONE NO. <small>PLACE AT WHICH YOU MAY BE LOCATED BY TELEPHONE DURING NORMAL WORKING WEEK.</small>	
5. HAVE YOU HELD A MECHANIC CERTIFICATE WITH BOTH AIRFRAME AND POWERPLANT RATINGS FOR THE 3 YEARS PRECEDING THE DATE OF THIS APPLICATION?			YES	NO
6. HAVE YOU BEEN ACTIVELY ENGAGED, FOR AT LEAST THE 2-YEAR PERIOD BEFORE THE DATE OF APPLICATION, IN MAINTAINING AIRCRAFT CERTIFICATED AND MAINTAINED IN ACCORDANCE WITH THE FARs?				
7. HAS YOUR MECHANIC CERTIFICATE AND/OR RATINGS BEEN REVOKED DURING THE 3-YEAR PERIOD PRECEDING THIS APPLICATION?				
8. HAS AN INSPECTION AUTHORIZATION BEEN DENIED YOU WITHIN 90 DAYS PREVIOUS TO THIS APPLICATION? IF ANSWER IS 'YES', EXPLAIN IN REMARKS.				
9. HAVE YOU MET THE MINIMUM REQUIREMENTS FOR RENEWAL OF INSPECTION AUTHORIZATION? <i>(For Renewal Only)</i>				
10. BASIS FOR RENEWAL <i>(Number Performed)</i>				
ALTERATIONS:	REPAIRS:	ANNUAL INSPECTIONS:	PROGRESSIVE INSPECTIONS:	RECENT ISSUANCE - IN EFFECT LESS THAN 90 DAYS BEFORE EXPIRATION DATE:
11. AIRCRAFT MAINTENANCE ACTIVITY DURING LAST 2 YEARS				
DATES	NAME AND ADDRESS OF REPAIR STATION, FACILITY, MANUFACTURER, OPERATOR, ETC.	DESCRIPTION OF ACTIVITY		
FROM:				
TO PRESENT:				
FROM:				
TO:				
FROM:				
TO:				
12. REMARKS:				
13. CERTIFICATION: <i>I certify that the statements made above and in all attachments hereto are correct and true.</i>				
DATE:		SIGNATURE OF APPLICANT:		
14. RECORD OF ACTION				
<input type="checkbox"/> ISSUANCE <input type="checkbox"/> VOLUNTARY SURRENDER <input type="checkbox"/> ENDORSEMENT <input type="checkbox"/> RENEWAL		INSPECTOR'S SIGNATURE:		OFFICE IDENTIFICATION: