

APPLICATION FOR REPAIR STATION CERTIFICATE & OPERATIONS SPECIFICATIONS (F-8310-3)

INSTRUCTIONS: Tick the applicable items in Blocks 2 and 3. Use extra sheets if required.

1. REPAIR STATION PARTICULARS		2. REASON FOR APPLICATION	
A. Official Name of Repair Station: (AMO Number) 	Original Application <input type="checkbox"/>		
	Renewal <input type="checkbox"/>		
B. Location(S) Where business will be conducted: 	Change in rating <input type="checkbox"/>		
	Change In/Addition of location or facilities <input type="checkbox"/>		
C. Official mailing address of Repair Station: (Number, street, city, state, and postal code) 	Change in ownership <input type="checkbox"/>		
	Others (Specify): <input type="checkbox"/>		
3. RATING(S) APPLIED FOR (REF. GACAR § 145.27)	PARTICULARS (e.g. Make/Model, Specification)	4. LIST OF MAINTENANCE FUNCTIONS: (CONTRACTED TO OUTSIDE ORGANIZATIONS)	
Airframe		(1)	
Powerplant		(2)	
Propeller		(3)	
Radio		(4)	
Instrument		(5)	
Accessory		(6)	
Specialized Service		(7)	
Other (specify)		(8)	
5. CAA/NAA POINT OF CONTACT <i>(For foreign applicant only)</i>			
CAA/NAA Maintenance Organization Contact: <i>(include email address and phone number)</i>			
6. APPLICANT'S CERTIFICATION			
NAME OF OWNER: <i>(include name(s) of individual owner, all partners, or corporate name giving state and date of incorporation)</i>			
<i>I hereby certify that I have been authorized by the repair station identified in Block 1 to make this application and that statements and attachment hereto are true and correct to the best of my knowledge.</i>			
Date	Name & Title	Authorized Signature	
7. RECORD OF ACTION (GACA USE ONLY)			
	Physical inspection	Date of Inspection	Renewal without physical inspection
8. FINDINGS: <i>(Identify by item number, include deficiencies found, ratings denied).</i>			
9. RECOMMENDATIONS			
A. Repair station was found to comply with requirements of GACAR part 145			
B. Repair station was found to comply with requirements of GACAR part 145 except for deficiencies listed in block 8			
C. Issue OpSpec with rating(s) applied for on application			
D. Issue OpSpec with rating(s) applied for on application (except those listed in block 8)			
10. CERTIFICATE AND OPERATIONS SPECIFICATION ISSUANCE			
	Disapproved	Approved	Certificate issued
			Date:
Date	Name (Authorized Inspector)	Title	Signature