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	☐
	Renewal	☐
	Add/Amend Rating	☐
B. Location(S) Where business will be conducted	Change In/Addition of location or facilities	☐
	Add/Amend Post Holder	☐
	Change in Ownership	☐
C. Official mailing address of Repair Station (Number, street, city, state, and postal code)	Others (Specify)	☐

	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 (For foreign applicants only)

CAA/NAA Maintenance Organization Contact (include email address and phone number)

6. APPLICANT'S CERTIFICATION

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

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.

Date	Name & Title	Authorized Signature

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7. RECORD OF ACTION (GACA USE ONLY)					
☐	Physical inspection	Date of Inspection		☐	Renewal without physical inspection

8.FINDINGS (Identify by item number, include deficiencies found, ratings denied).

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 an application
☐	D. Issue OpSpec with rating(s) applied for an application (except those listed in block 8)

10.CERTIFICATE AND OPERATIONS SPECIFICATION ISSUUANCE							
☐	Disapproved	☐	Approved	☐	Certificate issued	Date	

Date	Name (Authorized Inspector)	Title	Signature