

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"/>	
	Add/Amend Rating	<input type="checkbox"/>	
B. Location(S) Where business will be conducted	Change In/Addition of location or facilities	<input type="checkbox"/>	
	Add/Amend Post Holder	<input type="checkbox"/>	
	Change in Ownership	<input type="checkbox"/>	
C. Official mailing address of Repair Station (Number, street, city, state, and postal code)	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)
<input type="checkbox"/> Airframe		(1)	
<input type="checkbox"/> Powerplant		(2)	
<input type="checkbox"/> Propeller		(3)	
<input type="checkbox"/> Radio		(4)	
<input type="checkbox"/> Instrument		(5)	
<input type="checkbox"/> Accessory		(6)	
<input type="checkbox"/> Specialized Service		(7)	
<input type="checkbox"/> 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)

<input type="checkbox"/>	Physical inspection	Date of Inspection		<input type="checkbox"/>	Renewal without physical inspection
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8. FINDINGS (Identify by item number, include deficiencies found, ratings denied).

9. RECOMMENDATIONS

<input type="checkbox"/>	A. Repair station was found to comply with requirements of GACAR part 145
<input type="checkbox"/>	B. Repair station was found to comply with requirements of GACAR part 145 except for deficiencies listed in block 8
<input type="checkbox"/>	C. Issue OpSpec with rating(s) applied for an application
<input type="checkbox"/>	D. Issue OpSpec with rating(s) applied for an application (except those listed in block 8)

10. CERTIFICATE AND OPERATIONS SPECIFICATION ISSUANCE

<input type="checkbox"/>	Disapproved	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Certificate issued	Date	
	Date		Name (Authorized Inspector)		Title		Signature