

APPLICATION FOR REPAIR STATION CERTIFICATE & OPERATIONS SPECIFICATIONS

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: (NUMBER:)	ORIGINAL APPLICATION
	RENEWAL
B. LOCATION(S) WHERE BUSINES WILL BE CONDUCTED:	CHANGE IN RATING
	CHANGE IN / ADDITION OF LOCATION OR FACILITIES
C. OFFICIAL MAILING ADDRESS OF REPAIR STATION: (Number, street, city, state, and postal code)	CHANGE IN OWNERSHIP
	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:
<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		
<input type="checkbox"/> OTHER (specify)		

5. 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:

6. RECORD OF ACTION (GACA USE ONLY)

PHYSICAL INSPECTION Date of Inspection _____ RENEWAL WITHOUT PHYSICAL INSPECTION

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

8. 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 7
<input type="checkbox"/> C. ISSUE OPSPECS WITH RATING(S) APPLIED FOR ON APPLICATION.
<input type="checkbox"/> D. ISSUE OPSPECS WITH RATING(S) APPLIED FOR ON APPLICATION (Except those listed in Block 7).

9.CERTIFICATE AND OPERATIONS SPECIFICATION ISSUANCE

DISAPPROVED APPROVED Certificate issued Date: _____

DATE	NAME(Authorized inspector)	TITLE:	SIGNATURE: