OMB Approved
2120-0682
12/31/2010

If additional space is required for any item, attach additional sheets of paper.

U.S. Department of Transportation
Federal Aviation Administration

Application for Repair Station Certificate and/or Rating

1. Repair Station Name, Number, Location and Address

a. Official Name of Station | Number

b. Location where business conducted

c. Official Mailing Address of Repair Station *(Number, Street, City, State & ZIP)*

d. Doing Business As:

2. Reasons for Submission

- ☐ Original Application for Certificate and Rating
- ☐ Change in Rating
- ☐ Change in Location or Housing and Facilities
- ☐ Change in Ownership
- ☐ Other *(Specify)*

3. Ratings Applied for:

☐ **Airframe**
- ☐ Class 1
- ☐ Class 2
- ☐ Class 3
- ☐ Class 4

☐ **Powerplant**
- ☐ Class 1
- ☐ Class 2
- ☐ Class 3

☐ **Propeller**
- ☐ Class 1
- ☐ Class 2

☐ **Radio**
- ☐ Class 1
- ☐ Class 2
- ☐ Class 3

☐ **Instrument**
- ☐ Class 1
- ☐ Class 2
- ☐ Class 3
- ☐ Class 4

☐ **Accessories**
- ☐ Class 1
- ☐ Class 2
- ☐ Class 3

☐ **Limited**
- ☐ Airframe
- ☐ Engine
- ☐ Propeller
- ☐ Instrument
- ☐ Accessories
- ☐ Landing Gear
- ☐ Floats
- ☐ Radio
- ☐ Rotor Blades
- ☐ Fabric
- ☐ Emergency Equip.
- ☐ Non-Dest. Test
- ☐ Specialized Services *(specify)*

4. List of Maintenance Functions Contracted to Outside Agencies:

5. Applicant's Certification

Name of Owner *(Include name(s) of individual owner, all partners, or corporation name giving state and date of incorporation)*

I hereby certify that I have been authorize by the repair station identified in Item 1 above to make this application and that statements and attachments hereto are true and correct to the best of my knowledge.

Date	Authorized Signature	Printed Name of Authorized Signer	Title

Paperwork Reduction Act Statement: The FAA is required to submit this information to US Space Command. This form is sent to US Space Command 15 days prior to the planned launch date. The FAA estimates it will take a licensee 4 hours to complete this form. This information is mandatory for the FAA and US Space Command. The FAA will treat this information as confidential if requested by the applicant in accordance with 14 CFR §413.9. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0682. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20.

For FAA Use Only

Record of Action
Repair Station Inspection

For FAA Use Only

6. Remarks ***(Identify by item number. Include deficiencies found, ratings denied.)***

7. Findings - Recommendations	**8. Date of Inspection**
☐ A. Station was found to comply with requirements of FAR 145. ☐ B. Station was found to comply with requirements of FAR 145 except for deficiencies listed in Item 6. ☐ C. Recommend certificate with rating applied for on application be issued. ☐ D. Recommend Certificate with rating applied for on application *(EXCEPT those listed in item 6)* be issued.	

9. Office	**Signature(s) of Inspector(s)**	**Printed Name(s) of Inspector(s)**

10. Supervising or Assigned Inspector

ACTION TAKEN	**CERTIFICATE ISSUED**		
☐ APPROVED as shown on certificate issued on date shown. ☐ DISAPPROVED	Number	Inspector's Signature	
	Date	Inspector's Printed Name	Title