If additional space is
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U.S. Departmen

Application for

	Application for		
.S. Department of Transportation	Repair Station Certificate and/or Rating		
ederal Aviation Administration			

oair Station Name, Numbe	er, Location and Address		2. Reasons for Su	ubmission	
cial Name of Station		Number			
			Original Application for Certificate and Rating		
cation where business conducted			Change in Rating Change in Location or Housing and Facilities		
				Ownership	ousing and r dominos
			Other (Spe	•	
cial Mailing Address of Rep	pair Station (Number, Street,	, City, State & ZIP)			
ng Business As:			<u> </u>		
ng Business As:					
	Powerplant	Propeller	Radio		Instrument
ings Applied for:	Powerplant Class 1	Propeller Class 1	Radio	s 1	Instrument Class 1
ings Applied for:	-	-		- -	
ings Applied for: Airframe Class 1	Class 1	Class 1	Class	s 2	Class 1
ings Applied for: Airframe Class 1 Class 2	Class 1 Class 2	Class 1	Class Class	s 2	Class 1 Class 2
ings Applied for: Airframe Class 1 Class 2 Class 3	Class 1 Class 2	Class 1	Class Class	s 2	Class 1 Class 2 Class 3
ings Applied for: Airframe Class 1 Class 2 Class 3 Class 4	Class 1 Class 2 Class 3	Class 1 Class 2	Class Class Class	s 2 s 3	Class 1 Class 2 Class 3
ings Applied for: Airframe Class 1 Class 2 Class 3 Class 4 Accessories	Class 1 Class 2 Class 3	Class 1 Class 2 Accessories	Class Class Class	s 2 s 3	Class 1 Class 2 Class 3 Class 4

4. List of Maintenance Function	s Contracted to C	Outside Agencies:
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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

Record of Action Repair						
For FAA Use Only			Station Inspection	i	For FAA Use Only	
6. Remarks (identify by item	numb	er. Include deficiencies fo	ound, ratings denied.)			
7. Findings - Recommenda	tions				8. Date of Inspection	
					o. Date of inspection	
A. Station was four	nd to co	mply with requirements of I	FAR 145.			
B. Station was four	nd to co	emply with requirements of l	FAR 145 except for deficiencies listed in Ite	em 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	- Interior C	Signature(s) of Inspector(s) Printed Name(s) of Pr		Inspector(s)		
		Orginature(s) or inspector(s)		с. шересте (с)		
10. Supervising or Assigne				•		
ACTION TAKEN	CI Num	ERTIFICATE ISSUED	Inspector's Signature			
APPROVED	INUIN	DGI				
as shown on certificate	Date		Inspector's Printed Name		tle	
issued on date shown.				11		
DISAPPROVED						