INSTRUCTIONS FOR COMPLETING FAA FORM 8310-3 APPLICATION FOR REPAIR STATION CERTIFICATE AND/OR RATING

BLOCKS 1 THROUGH 5 MUST BE COMPLETED BY ALL INITIAL APPLICANTS. OTHER THAN INITIAL APPLICANTS MUST INCLUDE INFORMATION NECESSARY TO SUBSTANTIATE THE REQUESTED CHANGE OR RENEWAL.

Block 1.a. Official Name of Station. Insert the repair station official business name. If the applicant is not an individual then documentation must be provided attesting to the designation of a business name. **Number**. If a precertification number is assigned, insert the number in this block. If the repair station holds a permanently assigned certification number, insert the number in this block.

Block 1.b. Location Where Business Is Conducted. Insert the address of the physical location of the primary repair station facility. This location will be inspected by the FAA for compliance with 14 CFR 145.

Block 1.c. Official Mailing Address of Repair Station. If the repair station mailing address is other than the location in block 1.b., insert the mailing address here. If blocks 1.b. and 1.c. are the same you may insert the word SAME in block 1.c.

Block 1.d. Doing Business As. Insert any additional business names the repair station will do business as (DBA). If the applicant chooses to use DBAs, documentation should be available to substantiate authority to use the additional names.

Block 1.e. 145.51(e) Statement. The applicant must indicate whether any person described in part 145.51(e) is or will be involved in the management, control, or have substantial ownership in the repair station. An affirmative answer will require a detailed explanation on a separate attachment page and may or may not result in denial. A fraudulent or intentionally false answer is a basis for suspending or revoking the repair station certificate and any certificate, approval, or authorization issued by the FAA.

Block 2. Reason for Submission. Check the appropriate reason. If the reason is other than one of those listed, check 'Other' and explain the reason for submission. If more space is needed an additional page or pages may be attached.

Block 3. Ratings Applied For. The applicant will check the appropriate block for the work intended to be performed. A rating for specialized services is intended to be process based, not article based. If there are any questions regarding what the appropriate rating may be, review section 145.59. If you still are not clear consult with your local FAA Flight Standards District Office.

Block 4. List of Maintenance Functions to be Contracted to Outside Agencies. The applicant will indicate the functions included in the ratings applied for that will be performed by outside agencies but for which the applicant will be responsible.

Block 5. Applicant's Certification. Name of Owner (include name(s) of individual owners, all partners, or corporation name giving state and date of incorporation). If more space is needed an additional page or pages may be attached as necessary. Below the printed Certification Statement, the applicant must insert the date of signature, signature, printed name of authorized signer, and title of authorized signer (if not an individual applicant the person signing should provide documentation of signatory authority).

The reverse of FAA Form 8310-3 is for FAA use only.

OMB Approved
2120-0682
August 31, 2015

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. Applicant Information

a. Official Name of Station | Number

b. Location Where Business Is Conducted

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

d. Doing Business As:

e. Will any person as described in part 145.51(e) be involved with the management, control, or have substantial ownership of the repair station? ☐ YES ☐ NO
If 'YES', provide a detailed explanation on a separate page.

2. Reasons for Submission

- ☐ Original Application for Certificate and Rating
- ☐ Change in Rating
- ☐ Change in Location or Housing and Facilities
- ☐ Change in Name or 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
- ☐ Float
- ☐ 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 am authorized 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: A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0682. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain or retain benefits in accordance with 14 CFR Part 145. You may submit any comments regarding the accuracy of this burden estimate or any suggestions for reducing the burden to the Federal Aviation Administration, Aircraft Maintenance Division, AFS-300, 800 Independence Ave, SW, Washington, DC 20591, Attention FAA Form 8310-3.

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, reason for denial, etc.)

7. Findings - Recommendations	8. Date of Inspection
☐ A. Applicant demonstrated compliance with requirements of 14 CFR part 145 (for reasons stated in block 2) on date indicated. ☐ B. Recommend approval. Any exceptions or changes by FAA from applicants original request are explained in block 6. ☐ C. Certification action terminated. Explanation in block 6. ☐ D. Denial. Explanation in block 6.	

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