Paperwork Reduction Act Statement: The information collected on this form is necessary to ensure that Aviation Maintenance Technician Schools meet the minimum requirements for the procedures and curriculum set forth by the FAA in FAR Part 147. The information will be used to determine applicant eligibility and compliance. Then all requirements have been met, an aviation maintenance technician school certificate with appropriate ratings is issued. It is estimated that it will take each applicant between 40 and 80 hours to complete this form and provide all the information called for. information is required to obtain a certificate. There is no confidentiality provided. Not that 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 control number for this collection is 2120-0040. 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, ASP-110

Form Approved. OMB No. 2120-0040
09/30/2019

U S Department of Transportation
Federal Aviation Administration

AVIATION MAINTENANCE TECHNICIAN SCHOOL CERTIFICATE AND RATINGS APPLICATION

INSTRUCTIONS: Type or print in ink. Submit original and two copies of this form (complete this side ONLY) and two copies of all attachments to the nearest FAA General Aviation District Office or Air Carrier District Office as set forth in Federal Aviation Regulations, Part 147.

1. NAME OF SCHOOL	2. TELEPHONE NO.
3. ADDRESS *(Number, street, city, state, & ZIP Code)*	4. TRAINING DIRECTOR

5. APPLICATION SUBMITTED FOR *(Check as applicable)*

- [ ] ORIGINAL CERTIFICATE
- [ ] CHANGE IN RATING *(Specify)*
- [ ] CHANGE IN OWNERSHIP *(Specify)*
- [ ] CHANGE IN LOCATION, FACILITIES, AND EQUIPMENT *(Specify)*
- [ ] CHANGE IN ENROLLMENT *(Specify)*
- [ ] OTHER *(Specify)*

6. RATING(S) APPLIED FOR AND TOTAL HOURS PER COURSE

	RATINGS	TOTAL HOURS
[ ]	AIRFRAME (A)	
[ ]	POWERPLANT (P)	
[ ]	A&P	
	7A. MAXIMUM TOTAL SCHOOL ENROLLMENT	

7. MAXIMUM NO. OF STUDENTS ENROLLED AT ANY ONE TIME

DAY	EVENING

8. SCHOOL STATUS *(Check as applicable)*

[ ] PUBLIC [ ] PRIVATE [ ] NON-PROFIT

9. SCHOOL LOCATION *(Check as applicable)*

[ ] ON AIRPORT [ ] IN CITY [ ] IN SUBURBS

10. COURSE CHARACTERISTICS

RATINGS	HOURS PER WEEK		WEEKS PER COURSE		INSTRUCTION HOURS PER		ENROLLMENT PERIODS PER YEAR FOR		ENTRANCE REQUIREMENTS							
									PHYSICAL				SCHOLASTIC			
									DAY		EVENING		DAY		EVENING	
	DAY	EVENING	DAY	EVENING	DAY	EVENING	DAY	EVENING	YES	NO	YES	NO	YES	NO	YES	NO
AIRFRAME (A)																
POWERPLANT (P)																
A & P																

11. ATTACHMENTS *(Check applicable items)*

- [ ] A. PROPOSED CURRICULUM
- [ ] B. LIST OF FACILITIES AND EQUIPMENT TO BE USED
- [ ] C. PHOTOGRAPHS OF FACILITIES
- [ ] D. LIST OF INSTRUCTORS- NAMES, CERTIFICATE NOS., TYPE, AND RATINGS HELD, AND SUBJECTS TO BE TAUGHT
- [ ] E. LIST OF REQUIRED PRACTICAL PROJECTS
- [ ] F. SCHEDULE OF REQUIRED TESTS
- [ ] G. COPY OF STUDENT RECORD SYSTEM
- [ ] H. OTHER *(Specify)*

12. 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 authorized by the school identified in item 1 to make this application and that statements and attachment hereto are true and correct to the best of my knowledge.

DATE	TITLE	AUTHORIZED SIGNATURE

13. CERTIFICATION ACTION *(FOR FAA USE ONLY)*

ACTION		CERTIFICATE NO. ASSIGNED	RATINGS	INDICATE RATING(S) ISSUED		APPROVED MAXIMUM ENROLLMENT FOR	
				DAY	EVENING	DAY	EVENING
[ ]	APPROVED		AIRFRAME (A)				
[ ]	DISAPPROVED	FAA FORM 8310-4 FORWARDED ON	POWERPLANT (P)				
			A&P				

REMARKS

14. DATE CERTIFICATE ISSUED	15. OFFICE IDENTIFICATION	16. ISSUING OFFICIAL'S SIGNATURE

AVIATION MAINTENANCE TECHNICIAN SCHOOL INSPECTION REPORT

(FOR FAA USE ONLY)

INSTRUCTIONS: The items listed below are applicable to certification inspection and/or to surveillance. Complete each item. If an item is not applicable indicate entry as "NA".

1. NAME OF SCHOOL	2. CERTIFICATE NO.	3. TYPE OF INSPECTION AND DATE		
		SESSION	SURVEILLANCE	CERTIFICATION
		DAY		
		EVENING		

4. SCHOOL CHARACTERISTICS

SESSION	a. PRESENT ENROLLMENT			b. TOTAL NUMBER OF INSTRUCTORS		c. MAXIMUM HRS. TRAINING PER WEEK PER STUDENT *(Exclusive of lunch or rest periods)*			d. RATINGS APPLIED FOR OR NOW IN EFFECT			e. DATE OF APPROVAL FOR CURRICULUM NOW IN USE		
	AIRFRAME	POWER-PLANT	A&P	CERTIF-ICATED	NONCER-TIFICATED	AIR-FRAME	POWER PLANT	A&P	AIR-FRAME	POWER PLANT	A&P	AIR-FRAME	POWER PLANT	A&P
DAY														
EVENING														

		AIRFRAME (A)	POWERPLANT (P)	A&P
5. How many students were graduated during the previous 12 months?				
6. Instructor/student radio.	a. Classroom	1 to	1 to	1 to
	b. Shop	1 to	1 to	1 to
7. Number of hours in approved curriculum.		Hrs.	Hrs.	Hrs.

	YES	NO
8. Is certificate current and properly displayed?		
9. Does the curriculum in use meet the requirements of FAR 147?		
10. Is the approved curriculum actually being followed?		
11. Do facilities and equipment continue to meet the certification requirements of FAR 147?		
12. Are necessary materials, tools, and equipment available and serviceable for training?		
13. Is there a sufficient number of qualified instructors?		
14. Has there been any change in instructor or administrative personnel since the last inspection? *(If "YES, " explain in Remarks)*		
15. Is classroom and shop space suitable for courses given and number of students?		
16. Are the instructional aids *(mockups, projectors, charts, films, etc.)* current, specifically applicable to the curriculum, and sufficient for all phases of training?		
17. Are there sufficient copies of FAR's. manufacturer's instructions, etc.?		
18. Have proper safety measures been taken to insure protection of students operating hazardous equipment including facilities for running engines?		
19. Are student records current and do they reflect: a. Daily actual hours students have been in class?		
b. Progress through courses in the curriculum including accomplishment of laboratory and shop projects?		
c. Grades for all courses including quizzes, tests. and practical projects?		

20. REMARKS AND ITEMS TO FOLLOW UP ON NEXT INSPECTION *(Use additional sheets if more space is needed)*

21. INSPECTION RESULTS		22. OFFICE IDENTIFICATION	23. INSPECTOR'S SIGNATURE
	SATISFACTORY		
	UNSATISFACTORY		
	OTHER		