

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).

Page 2 of FAA Form 8310-3 is for FAA use only.

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



U.S. Department of Transportation
Federal Aviation Administration

Repair Station

Per i Blocchi da 1 a 5, usare le istruz. di compilazione della prima pagina di questo form FAA, tenendo conto di quanto ulteriormente riportato in questo esempio

1. Applicant Information	2. Reasons for Submission
a. Official Name of Station Number	Original Application for Certificate and Rating Change in Rating Change in Location or Housing and Facilities Change in Name or Ownership Other (Specify) _____ _____ _____
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.	

3. Ratings Applied for:

Airframe	Powerplant	Propeller	Radio	Instrument
Class 1	Class 1	Class 1	Class 1	Class 1
Class 2	Class 2	Class 2	Class 2	Class 2
Class 3	Class 3		Class 3	Class 3
Class 4				Class 4

compilare solo i limited rating cui si è interessati corrispondenti al contenuto della Specifica delle Abilitazioni del Certificato ENAC corrente tenendo conto delle corrispondenze riportate nella Appendice 7 del MAG

Accessories	Limited	Specialized Services (specify)
Class 1	Airframe	Accessories
Class 2	Engine	Landing Gear
Class 3	Propeller	Float
	Instrument	Radio
		Rotor Blades
		Fabric
		Emergency Equip.
		Non-Dest. Test
		Any other purpose for which the FAA finds the applicant's request is appropriate

4. List of Maintenance Functions Contracted to Outside Agencies:

scrivere "none" se nessuna Maintenance Functions è data in subfornitura sotto il proprio quality system

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
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inserire le date nella notazione statunitense (mm/dd/yyyy , 06/11/2014 o 11 June 2014)

Paperwork Reduction Act Statement: You shall not be subject to a penalty for failure to comply with a collection of information if it does not display 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 average 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.

I blocchi 6-10 non vanno compilati e sono per uso esclusivo ENAC o FAA

**Record of Action Repair
Station Inspection**

For FAA Use Only

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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.

inserire le date nella notazione statunitense (mm/dd/yyyy)

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

10. Supervising or Assigned Inspector		
ACTION TAKEN APPROVED as shown on certificate issued on date shown. DISAPPROVED	CERTIFICATE ISSUED Number	Inspector's Signature
	Date	Inspector's Printed Name Title