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: Fairbanks
Number: EN2D619P(D)

b. Location Where Business Is Conducted:
Metro Field, 1915 Donald Ave. Fairbanks, AK 99701

c. Official Mailing Address of Repair Station *(Number, Street, City, State & ZIP)*:
Metro Field, 1915 Donald Ave. Fairbanks, AK 99701

d. Doing Business As:
Maritime Helicopters, Inc.

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)*

Satellite Repair Station

**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)*:
Maritime Helicopters, Inc. - Incorporated in Alaska in 1973

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 |
|---|---|---|---|
| 11/14/2014 | | Steven D. Slade | Director of Maint |

**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. | Number | Inspector's Signature |
| ☐ DISAPPROVED | Date | Inspector's Printed Name / Title |