

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		2. Reasons for Submission											
a. Official Name of Station Fairbanks 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.	Number EN2D619P(D) ☒ 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:													
<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 20%;"> ☒ Airframe ☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4 </td> <td style="vertical-align: top; width: 20%;"> ☒ Powerplant ☐ Class 1 ☐ Class 2 ☐ Class 3 </td> <td style="vertical-align: top; width: 20%;"> ☐ Propeller ☐ Class 1 ☐ Class 2 </td> <td style="vertical-align: top; width: 20%;"> ☐ Radio ☐ Class 1 ☐ Class 2 ☐ Class 3 </td> <td style="vertical-align: top; width: 20%;"> ☐ Instrument ☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 4 </td> </tr> <tr> <td style="vertical-align: top;"> ☒ Accessories ☐ Class 1 ☐ Class 2 ☐ Class 3 </td> <td style="vertical-align: top;"> ☒ Limited ☒ Airframe ☒ Engine ☐ Propeller ☐ Instrument </td> <td style="vertical-align: top;"> ☐ Accessories ☐ Landing Gear ☐ Float ☐ Radio </td> <td style="vertical-align: top;"> ☒ Rotor Blades ☐ Fabric ☐ Emergency Equip. ☒ Non-Dest. Test </td> <td style="vertical-align: top;"> ☐ Specialized Services (specify) _____ _____ _____ </td> </tr> </table>				☒ 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) _____ _____ _____
☒ 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 11/14/2014	Authorized Signature 	Printed Name of Authorized Signer Steven D. Slade	Title Director of Maint										
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

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 APPROVED as shown on certificate issued on date shown. DISAPPROVED	CERTIFICATE ISSUED Number	Inspector's Signature
	Date	Inspector's Printed Name Title