OMB Approved
2120-0682
April 30, 2012

*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. Repair Station Name, Number, Location and Address**

a. Official Name of Station: **Maritime Helicopters Fairbanks** Number: **EN2D619D**

b. Location where business conducted: **Metro Field, 1915 Donald Avenue, Fairbanks, AK 99701**

c. Official Mailing Address of Repair Station *(Number, Street, City, State & ZIP)*: **Maritime Helicopters, 3520 FAA Road, Homer Alaska 99603**

d. Doing Business As: **Maritime Helicopters, Inc.**

**2. Reasons for Submission**

- ☐ Original Application for Certificate and Rating
- ☐ Change in Rating
- ☐ Change in Location or Housing and Facilities
- ☐ Change in Ownership
- ☑ Other *(Specify)*

**Request Limited Radio and Limited Instrument Ratings for Specialized Services described in section 3 below.**

**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 |

☐ **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)*: **For Limited Instrument, Limited Radio and specialized service to perform transponder, altimeter, ...**

**4. List of Maintenance Functions Contracted to Outside Agencies:**

**(Continued from Section 3 – Description of Specialized Services)**

**...static systems, automatic pressure altitude reporting system tests and inspections IAW 14 CFR Part 43 appendix E and F on equipment identified on accepted capabilities list.**

**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 - Incorporated in Alaska in 1973**

I hereby certify that I have been authorize 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 |
|---|---|---|---|
| **12/22/14** | | **Steven D. Slade** | **Director of Maint** |