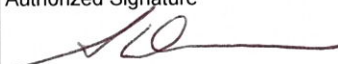


If additional space is required for any item, attach additional sheets of paper.

 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:													
<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;"> ☐ 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) For Limited Instrument, Limited Radio and specialized service to perform transponder, altimeter, ... </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	☐ 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, ...
☐ 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	☐ 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 12/22/14	Authorized Signature 	Printed Name of Authorized Signer Steven D. Slade	Title Director of Maint										
Paperwork Reduction Act Statement: This form is used to apply for certification, additional ratings, or a change to a repair station in accordance with 14 CFR part 145. The FAA estimates that the average burden for this report form is 15 minutes per response. 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 OMB control number associated with this collection is 2120-0682. 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.													