

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	2. Reasons for Submission
a. Official Name of Station Number Maritime Helicopters ENRR619D b. Location where business conducted Metro Field, 1915 Donald Avenue, Fairbanks, AK 99701 and 3520 FAA Road, Homer Alaska 99603 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.	☐ Original Application for Certificate and Rating ☒ Change in Rating ☐ Change in Location or Housing and Facilities ☐ Change in Ownership ☐ Other (Specify) _____ Request a Radio Class III for both Homer Repair Station and Fairbanks 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
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☐ 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) _____ _____ _____
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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 - 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 12/23/14	Authorized Signature 	Printed Name of Authorized Signer Steven D. Slade	Title Director of Maint
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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.

Record of Action Repair Station Inspection		For FAA Use Only
6. Remarks <i>(identify by item number. Include deficiencies found, ratings denied.)</i>		
7. Findings - Recommendations		8. Date of Inspection
A. Station was found to comply with requirements of FAR 145. B. Station was found to comply with requirements of FAR 145 except for deficiencies listed in Item 6. C. Recommend certificate with rating applied for on application be issued. D. Recommend Certificate with rating applied for on application (EXCEPT those listed in item 6) be issued.		
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 Date	Inspector's Signature Inspector's Printed Name Title