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** — Number: **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.

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 a Radio Class III for both Homer Repair Station and Fairbanks Satellite Repair Station.

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	☐ Accessories	☐ Rotor Blades	Specialized Services *(specify)*
☑ Engine	☐ Landing Gear	☐ Fabric	
☐ Propeller	☐ Float	☐ Emergency Equip.	
☐ Instrument	☐ Radio	☐ Non-Dest. Test	

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	Authorized Signature	Printed Name of Authorized Signer	Title
12/23/14		**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.*)

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