Section 1E. To Be Completed By All Applicants

10. Additional information that provides a better understanding of the proposed operation or business *(attach additional sheets, if necessary)*

Maritime Helicopters, Inc. is requesting the addition of a Satellite Repair Station. Homer, AK Repair Station ENRR619D will be the Parent Certificated Repair Station and have Managerial Control and shall provide the manuals; RSM and QCM. The documents have already been approved and Revision 1 to the RSM reflects the addition of the Satellite Station with minor addition noted is attached.

The requested Satellite Station is housed at two buildings located at Metro Field, 1915 Donald Avenue, Fairbanks, AK 99701. This facility was previously approved and operating as a Repair Station under EOPR636D and does meet all the requirements of 145.107 to include the regulatory requirements for each rating it seeks. It will not hold any rating not held by the Homer, AK Repair Station. It will use the same approved RSM, QCM and will fall under the same training program as the Parent Homer Repair Station Homer, AK.

Fairbanks has enough certificated repairman to satisfy applicable personnel requirements,previously on file under EOPR636D with the Anchorage FSDO. Inspectors, supervisors and return-to-service personnel have been identified and rosters identifying personnel at both locations, again on file, and available any time a determination of airworthiness or return to service is required

Fairbanks maintains separation and positive control of incoming materials and their respective storage. It has sufficient work space and areas for the proper segregation and protection of articles during all maintenance. Parts are inspected and received at a desk located next to the locked cage. The Parts Room is located upstairs from the hangar floor and has suitable racks/bins for the organization and storage. Additional storage areas are located in the hangar areas for expendable floor stock.

11. The statements and information contained on this form denote an intent to apply for FAA certification.

Signature	Date	Name and Title
	07/21/14	Steven Slade - Accountable Manager

Section 2. To Be Completed By FAA District Office

Received by (district office):	**Date forwarded to Region:**
Date:	**For:** ☐ Action ☐ Information only

Remarks

Section 3. To Be Completed By Regional Office

Received by:	**Precertification Number:**
Date:	**Date coordinated with AVN-120:**
District office assigned responsibility:	**Date forwarded to district office:**

Remarks