

<b>Application for Aircraft Repair Station Certification-Form No 12120- 054</b>															
<b>Maintenance</b>												<b>Manufacture</b>			
Inspection		Defect Rectification		Overhaul		Repair		Replacement		Modification		Test		YES	
Yes		Yes		Yes		Yes		Yes		Yes		Yes			
1. Official name of organization:															
2. Official name of owner:															
3. Location where business will be conducted:															
4. Official mailing address of organization stations and telephones:															
5. Original application for approval: Yes .....if no mention:															
Yes	No	Reason for submission of application						Previous approval No.				Expiry Date			
		Change of amendment in ratings Change in location of housing & facilities Change of ownership Renewal Other													
6. Type of aircraft or aircraft equipment or parts which are the object of approval applied for:															
7. List of related functions contracted to outside agencies								Name				Approval No.			
8. Rating applied for								Class				Limited			
Airframe Power plants Propellers Radio or Avionics Instruments Accessories Specialized Services															

**9. Applicant's representative:**

**Name**

:

**Position:**

**Certification :** *I hereby certify that I have been authorized by the Organization identified in item '1' to make this application and that statements attached hereto are true and correct to the best of my knowledge*

**Signature :**

**Authorization No.**

**Date :**

**NOTE :** This extra space can be used to continue any item where more information required :

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