

## MECHANIC'S APPLICATION FOR INSPECTION AUTHORIZATION

|                                                                                                                                                                                       |                                              |                                                                                                         |                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 1. Name (Last, first, middle)                                                                                                                                                         |                                              | 2. Mechanic Certificate No.                                                                             |                                                                          |
|                                                                                                                                                                                       |                                              |                                                                                                         |                                                                          |
| 3. Mailing Address<br>(Number, street, City, State/County, ZIP Code) (Place at which you desire to receive Airworthiness Directives, etc.)                                            |                                              | 4a. Fixed Base Of Operations<br>Place At Which You May Be Located In Person During Normal Working Week. |                                                                          |
|                                                                                                                                                                                       |                                              | 4b. Telephone No<br>Place At Which You May Be Located By Telephone During Normal Working Week.          |                                                                          |
|                                                                                                                                                                                       |                                              |                                                                                                         |                                                                          |
| 5. Have You Held A Mechanic Certificate With Both Airframe and Powerplant Ratings For The 3 Years Preceding The Date of This Application?                                             |                                              |                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| 6. Have You Been Actively Engaged, For At Least The 2-Year Period Before The Date Of Application, In Main- Training Aircraft Certificated And Maintained In Accordance With The FARs? |                                              |                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| 7. Has Your Mechanic Certificate and/or Ratings Been Revoked During The 3-Year Period Preceding This Application?                                                                     |                                              |                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| 8. Has An Inspection Authorization Been Denied You Within 90 Days Previous To This Application?<br>If Answer Is 'Yes', Explain In Remarks.                                            |                                              |                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| 9. Have You Met The Minimum Requirements For Renewal of Inspection Authorization? (For Renewal Only)                                                                                  |                                              |                                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| 10. Basis For Renewal (Number Performed)                                                                                                                                              |                                              |                                                                                                         |                                                                          |
| Alterations                                                                                                                                                                           | Repairs                                      | Annual Inspections                                                                                      | Progressive Inspections                                                  |
|                                                                                                                                                                                       |                                              |                                                                                                         | Recent Issuance In Effect<br>Less Than 90 Days Before<br>Expiration Date |
|                                                                                                                                                                                       |                                              |                                                                                                         |                                                                          |
| 11. Aircraft Maintenance Activity During Last 2 Years                                                                                                                                 |                                              |                                                                                                         |                                                                          |
| Dates                                                                                                                                                                                 |                                              | Name and Address of Repair Station, Facility, Manufacturer, Operator, Etc.                              |                                                                          |
| From                                                                                                                                                                                  |                                              |                                                                                                         |                                                                          |
| To Present                                                                                                                                                                            |                                              |                                                                                                         |                                                                          |
| From                                                                                                                                                                                  |                                              |                                                                                                         |                                                                          |
| To                                                                                                                                                                                    |                                              |                                                                                                         |                                                                          |
| From                                                                                                                                                                                  |                                              |                                                                                                         |                                                                          |
| To                                                                                                                                                                                    |                                              |                                                                                                         |                                                                          |
| 12. Remarks                                                                                                                                                                           |                                              |                                                                                                         |                                                                          |
|                                                                                                                                                                                       |                                              |                                                                                                         |                                                                          |
| 13. Certification: I certify that the statements made above and in all attachments hereto are correct and true.                                                                       |                                              |                                                                                                         |                                                                          |
| Date                                                                                                                                                                                  |                                              | Signature of Applicant                                                                                  |                                                                          |
|                                                                                                                                                                                       |                                              |                                                                                                         |                                                                          |
| 14. Record of Action                                                                                                                                                                  |                                              |                                                                                                         |                                                                          |
| <input type="checkbox"/> Issuance                                                                                                                                                     | <input type="checkbox"/> Voluntary Surrender | Inspector Signature                                                                                     | Official Identification                                                  |
| <input type="checkbox"/> Endorsement                                                                                                                                                  | <input type="checkbox"/> Renewal             |                                                                                                         |                                                                          |