



REPAIR STATION CERTIFICATION PRE-APPLICATION STATEMENT OF INTENT (PASI)

INSTRUCTIONS

This form is the method of notification of the CAAT of the intent to seek Repair Station certification. Complete the form and submit to CAAT. Print or type.

A. Company Specific Information

1. Applying Company Name:	5. Proposed Start Operating Date:
2. Requested Three-Letter Company Identifier in Order or Preference: (1) (2) (3)	6. Economic Authority Approved? (if required)
3. Mailing Address:	7. Physical Address: Principal Base of Operations:
4. Telephone and FAX Information:	8. Internet and/or E-mail Address:

B. Proposed Management Positions

Title/Post/Position	Name	Telephone & Email
1. Accountable Manager		
2. Quality Manager		
Other (please specify)		

C. Dangerous Goods Authorization (TCAR 06-02A Article 33-1)

1. How many person is authorized to handle Dangerous Goods? _____
2. List the name, title and contact (telephone and email) of these persons below:

D. Proposed Type of Rating(s)

<input type="checkbox"/> 1: Airframe	<input type="checkbox"/> 2: Powerplant	<input type="checkbox"/> 3: Propeller and Rotor	<input type="checkbox"/> 4: Radio
<input type="checkbox"/> 5: Instrument	<input type="checkbox"/> 6: Accessory	<input type="checkbox"/> 7: Specialized Service	

E. Additional information that provides a better understanding of the proposed operation or business

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F. Certification of Intent: The statement and information contained on this form denote an intent to apply for CAAT certification.

Signature	Date	Name and Title
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G. CAAT In-Processing:		
Date Received	Received by	Assigned Project Number

H. Certification Team Assignments			
CPM		Maintenance Inspector	
Avionics Inspector		Engineering Inspector	
Other			
<i>As Director of the CAAT FSD, I hereby make the above team assignments:</i>			
Date:	Signature		