

Inspection Authorization Renewal Information Sheet

ATTENTION: The information requested below is necessary for the renewal of your Inspection Authorization in accordance with FAR 65.91(c)(3) & (4). This form must be included with the application package.

Name: _____ A&P No. _____

Address: _____

Fixed Base of Operation: _____

Telephone: _____

Fax: _____ Email: _____

If your fixed base of operation is your place of residence, provide an explanation of how you may be contacted in person or by telephone during normal working hours. Also provide details of how and what you will use for facilities and equipment in accordance with FAR 65.91(c)(3) & (4).

Please provide evidence of the source of your technical data required for your operation according to FAR 65.91(c)(4). If you purchase the data or it is available from another source, provide a copy of the purchase invoice, cancelled check or other evidence of the purchase. If you are using data from another source, provide a letter from that source authorizing you to use the data for the duration of the renewal period.

Please answer the following questions:

1. Do you possess or have available to you a revision service for the following FARs?
FAR 1, 21, 23, 27, 33, 35, 39, 43, 45, 47, 65, 91. YES NO
2. Do you possess or have available to you a revision service for AIRWORTHINESS DIRECTIVES?
YES NO
3. Do you possess or have available to you a revision service for TYPE CERTIFICATE DATA/SPEC. SHEETS? YES NO

REMARKS:

I CERTIFY THAT THE ABOVE INFORMATION IS PROVIDED BY ME FOR RENEWAL OF MY INSPECTION AUTHORIZATION AND IS TRUE AND CORRECT.

SIGNATURE: _____



U. S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

*Form Approved:
OMB No. 2120-0022
Exp. 09/30/2017*

MECHANIC'S APPLICATION FOR INSPECTION AUTHORIZATION-PRIVACY ACT

| | | | |
|---|--|--|---------------------------------|
| 1. NAME (Last, First, Middle) | | 2. MECHANIC CERTIFICATE NO. | |
| 3. MAILING ADDRESS (Number, Street, City, State/County, Zip Code) (Place at which you desire to receive Airworthiness Directives, etc.) | | 4a. FIXED BASE OF OPERATIONS | |
| | | 4b. TELEPHONE NO. | |
| | | PLACE AT WHICH YOU MAY BE LOCATED IN PERSON DURING NORMAL WORKING WEEK | |
| | | 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 ? | | | YES <input type="checkbox"/> |
| | | | NO <input type="checkbox"/> |
| 6. HAVE YOU BEEN ACTIVELY ENGAGED, FOR AT LEAST THE 2-YEAR PERIOD BEFORE THE DATE OF APPLICATION IN MAINTAINING AIRCRAFT CERTIFICATED AND MAINTAINED IN ACCORDANCE WITH THE CFRs ? | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| 7. HAS YOUR MECHANIC CERTIFICATE AND/OR RATINGS BEEN REVOKED OR SUSPENDED DURING THE 3-YEAR PERIOD PRECEDING THIS APPLICATION ? | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| 8. HAS AN INSPECTION AUTHORIZATION BEEN DENIED YOU WITHIN 90 DAYS PREVIOUS TO THIS APPLICATION ? IF ANSWER IS "YES", EXPLAIN IN REMARKS. | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| 9. HAVE YOU MET THE MINIMUM REQUIREMENTS FOR RENEWAL OF INSPECTION AUTHORIZATION ? <i>(For Renewal Only)</i> | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

10. BASIS FOR RENEWAL (Number Performed Per Renewal Period)

| ALTERATIONS | | REPAIRS | | ANNUAL INSP. | | PROGRESSIVE INSP. | | RECENT ISSUANCE - IN EFFECT LESS THAN 90 DAYS BEFORE EXPIRATION DATE. <input type="checkbox"/> |
|--|------------------------------|--------------------------|------------------------------|--|------------------------------|--------------------------|------------------------------|--|
| <i>First Year Period</i> | <i>Second Renewal Period</i> | <i>First Year Period</i> | <i>Second Renewal Period</i> | <i>First Year Period</i> | <i>Second Renewal Period</i> | <i>First Year Period</i> | <i>Second Renewal Period</i> | |
| FAA ACCEPTED COURSE/SEMINAR NO., LOCATION, AND DATE <i>(First Year Period)</i> | | | | FAA ACCEPTED COURSE/SEMINAR NO., LOCATION, AND DATE <i>(Second Renewal Period)</i> | | | | |

11. AIRCRAFT MAINTENANCE ACTIVITY DURING LAST 2 YEARS

| DATES | NAME AND ADDRESS OF REPAIR STATION, FACILITY, MANUFACTURER, OPERATOR, ETC. | DESCRIPTION OF ACTIVITY |
|------------|--|-------------------------|
| 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 (For FAA use only)

| | | | |
|--|------|-----------------------|-----------------------|
| <input type="checkbox"/> ENDORSEMENT | DATE | INSPECTOR'S SIGNATURE | OFFICE IDENTIFICATION |
| <input type="checkbox"/> ISSUANCE | DATE | INSPECTOR'S SIGNATURE | OFFICE IDENTIFICATION |
| <input type="checkbox"/> RENEWAL | | | |
| <input type="checkbox"/> VOLUNTARY SURRENDER | | | |

INSTRUCTIONS FOR FAA FORM 8610-1
Mechanic's Application for Inspection Authorization

Block 1 and 2: Your name and certificate number as shown on your FAA Mechanic's Certificate.

Block 3 thru 9: Self explanatory.

Block 10, Basis for Renewal: Enter the number of individual alterations, repairs, or inspections performed for each activity during the respective year/renewal period.

Calendar year example of Year/Renewal Periods:

First Year = April 1, 2009 to March 31st, 2010 (Even Year)

Second Renewal = April 1, 2010 to March 31st, 2011 (Odd Year)

When required to enter a date, enter all dates for this block and all other blocks in eight digit format (MM/DD/YYYY) except block 11.

Block 11, Aircraft Maintenance Activity During Last 2 Years:

For the "Dates": Make entries in descending order (MM/YYYY) format.

For the "Description of Activity": Identify work performed. Do not include titles or positions.