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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Repair Station Details** (leave EASA number blank in case of initial approval) | | | | | | | | | | | | |
| **EASA Approval Number** | |  | | | **FAA Certificate Number** | | | |  | | | |
| **Name** | |  | | | | | | | | | | |
| **Address** | |  | | | | | | | | | | |
| **Telephone** | |  | | | **Fax** | |  | | | | | |
| **PART 1:** CHECK THE BOX YES (X) IF COMPLIANCE IS SHOWN OR PUT A NUMBER IN THE BOX AND MAKE A COMMENT IN PART 3 OF EASA FORM 9 OR CHECK THE BOX N/A (X) IF NOT APPLICABLE TO THE REPAIR STATION. | | | | | | | | | | | | |
| This Form 9 is for: | | Initial Certification | Renewal | | | Amendment | | | | Other | | |
|  |  | | |  | | | |  | | |
| NOTE: For initial certification, complete Form 9 for the main facility, and for each additional fixed location, and line station under this approval. For renewal and amendment, complete only one Form 9 that includes line items 1 and 2 below. | | | | | | | | | | | | |
| **FAA Oversight Audit** | | | | | | | | | | | | |
| 1. | If this report is also covering line stations, attach D107 and EASA supplement list. | | | | | | | | | | | |
| 2. | If the report is for one or more additional facility location, please insert address(es): | | | address(es) | | | | | | | | |
| 3. | Dates of SP DCT of EASA Special Conditions carried out within this renewal period: | | | | | | | | | | | |
| **1st year:** dd/mm/yyyy | | | **2nd Year:** dd/mm/yyyy | | | | | | | | |
| NOTE: For initial certification recommendation, a Custom DCT is required. | | | | | | | | | | | | |
| 4. | Have all additional facilities and line stations been audited as part of the annual EASA surveillance cycle? | | | | | | | N/A | | | Yes | No |
| 5. | Evidence of need shown and found satisfactory | | | | | | | | | | Yes | No |
| **PART 2:** | | | | | | | | | | | | |
| 1. | a. Does the EASA Supplement completely address the required information contained in the current Maintenance Annex Guidance (MAG)? | | | | | | | | | | Yes | No |
| b. Is the EASA Supplement customized to accurately reflect company procedures? | | | | | | | | | | Yes | No |
| 2. | Is the EASA Supplement signed and dated by the current Accountable Manager that obligates the maintenance organization to comply with the supplement and has the current revision to the supplement been accepted by the FAA? | | | | | | | | | | Yes | No |
| 3. | Is the copy of the EASA Supplement being used by the repair station at the same revision level as the one on file with the FAA? | | | | | | | | | | Yes | No |
| 4. | Is the repair station operating in compliance with the requirements of the EASA Supplement? | | | | | | | | | | Yes | No |
| 5. | **Quality Assurance System** (QAS) | | | | | | | | | |  |  |
| a. Does the Supplement contain the detailed procedures the repair station will use for the operation of an independent QAS which meet the requirements of the MAG Section B, Appendix 1? | | | | | | | | | | Yes | No |
| b. Have the planned process and product audits been performed and documented? | | | | | | | | | | Yes | No |

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| **PART 3:** | | | |
| **Audit Finding(s)**  (Findings related to EASA Special Conditions or any enforcement actions. Please insert here or attach a copy of the DCT or Action Item Tracking Tool Record) | **Corrective Action** | | |
| Date Due | Date Closed | Reference |
|  |  |  |  |

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| **PART 4: FORM 9 RECOMMENDATION STATEMENT BY FAA** | | | |
| Note: The FAA ASI must forward the correspondence related to the findings above, i.e. finding notification and response of the approval holder that contains the corrective action plan, to EASA. A recommendation for renewal can only be made when the corrective action plan is acceptable to the ASI. For initial approval, all findings must be closed. | | | |
| **FAA ASI Name** |  | | |
| **E-Mail** |  | | |
| **Telephone** |  | **Fax** |  |
| **FSO** |  | | |
| **RECOMMENDATION:** This Repair Station is considered to be in compliance with 14 CFR parts 43 and 145 and the EASA Special Conditions with no significant findings/discrepancies outstanding at this time. It is therefore recommended that EASA approve the Repair Station/Renews this repair station approval. | | | |
| **NON-RECOMMENDATION:** This repair station has one or more significant findings/discrepancies outstanding as detailed in Part 3 and corrective action has not been taken or the FAA has not accepted a plan for corrective action. EASA may therefore wish to review the current EASA approval of the repair station. The non-recommendation package should contain the Letter of Investigation (LOI) sent by the FAA as well as the applicant’s response to the LOI, if any. The non-recommendation does not necessarily lead to certificate action by EASA. | | | |
|  | |  | |
| FAA ASI Signature | | Date | |

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| --- | --- | --- |
| **Attachments:** The completed package must be forwarded to EASA at: [foreign145@easa.europa.eu](mailto:foreign145@easa.europa.eu) | | |
| 1. | Copy of FAA Form 8000‑4 |  |
| 2. | A copy of the repair station profile that lists the ratings, personnel, FAA information and any outstanding investigation |  |
| 3. | Copy of FAA Operations Specifications |  |
| 4. | Copy of EASA Form 9 for each location |  |
| 5. | Copy of EASA Form 9 for each line station covered under the certificate |  |
| 6. | Copy of the signed and completed EASA Form 16 for the Repair Station |  |