EASA Form 9 FAA Recommendation

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| EASA_Logo | **EASA Form 9 – FAA Recommendation** |

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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 | |
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| 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. For Other, used for Non-Recommendations (Section B, Para. 2.5) between renewals. Example: certificate actions taken by the FAA or EASA. | | | | | | | | | | |
| **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 (A101), please insert address(es): | | | | address(es) | | | | | |
| 3. | Audits to the EASA Special Conditions must be performed for each year during the renewal period. SAS EP DCTs should be completed for each audit year. | | | | | | | | | |
| 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 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. 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 be made only 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 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. | | | | | | |
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| 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 ratings, personnel, FAA information and any outstanding investigation |  |
| 3. | Copy of FAA OpSpecs |  |
| 4. | Copy of EASA Form 9 for each location (individual certification only) |  |
| 5. | Copy of EASA Form 9 for each line station covered under the certificate(initial certification only) |  |
| 6. | Copy of the signed and completed EASA Form 16 for the repair station |  |