



**REPAIR STATION
ZLZR567L**

**CAGE CODE
7Y1G9**

Physical and Mailing Address

8440 Tradeport Drive
Suite 109
Orlando, FL 32827

Contact Information

407-438-1395

ndt@poweraviationinc.com
diana.pratt@poweraviationinc.com

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

Air Agency Certificate

Number ZLZR567L

This certificate is issued to

POWER/AVIATION, INC.

whose business address is

8440 TRADEPORT DRIVE, SUITE 109
ORLANDO, FL 32827

upon finding that its organization complies in all respects with the requirements of the Federal Aviation Regulations relating to the establishment of an Air Agency, and is empowered to operate an approved REPAIR STATION.

with the following ratings:

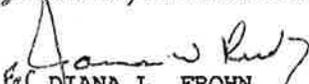
NONDESTRUCTIVE INSPECTION
TESTING
AND PROCESSING

This certificate, unless canceled, suspended, or revoked, shall continue in effect INDEFINITELY.

Date issued:

JUNE 29, 1992
REISSUED 01/30/2014

By direction of the Administrator


DIANA L. FROHN
MANAGER, ORLANDO FSDO-15

This Certificate is not Transferable, and any major change in the basic facilities, or in the location thereof, shall be immediately reported to the appropriate regional office of the Federal Aviation Administration

Any alteration of this certificate is punishable by a fine of not exceeding \$1,000, or imprisonment not exceeding 3 years, or both

Certificate of Participation

THIS IS TO CERTIFY

That

AHCC/Power Aviation

is an active member of the

***Centra Care-COMPLIANCE DEPARTMENTS FAA
CONSORTIUM and PARTICIPATES IN THE RANDOM DRUG &
ALCOHOL POOL.***

Annual Membership: Calendar Year begins January 1

Effective Date: January 1, 2026

Expiration Date: December 31, 2026

Beth R.

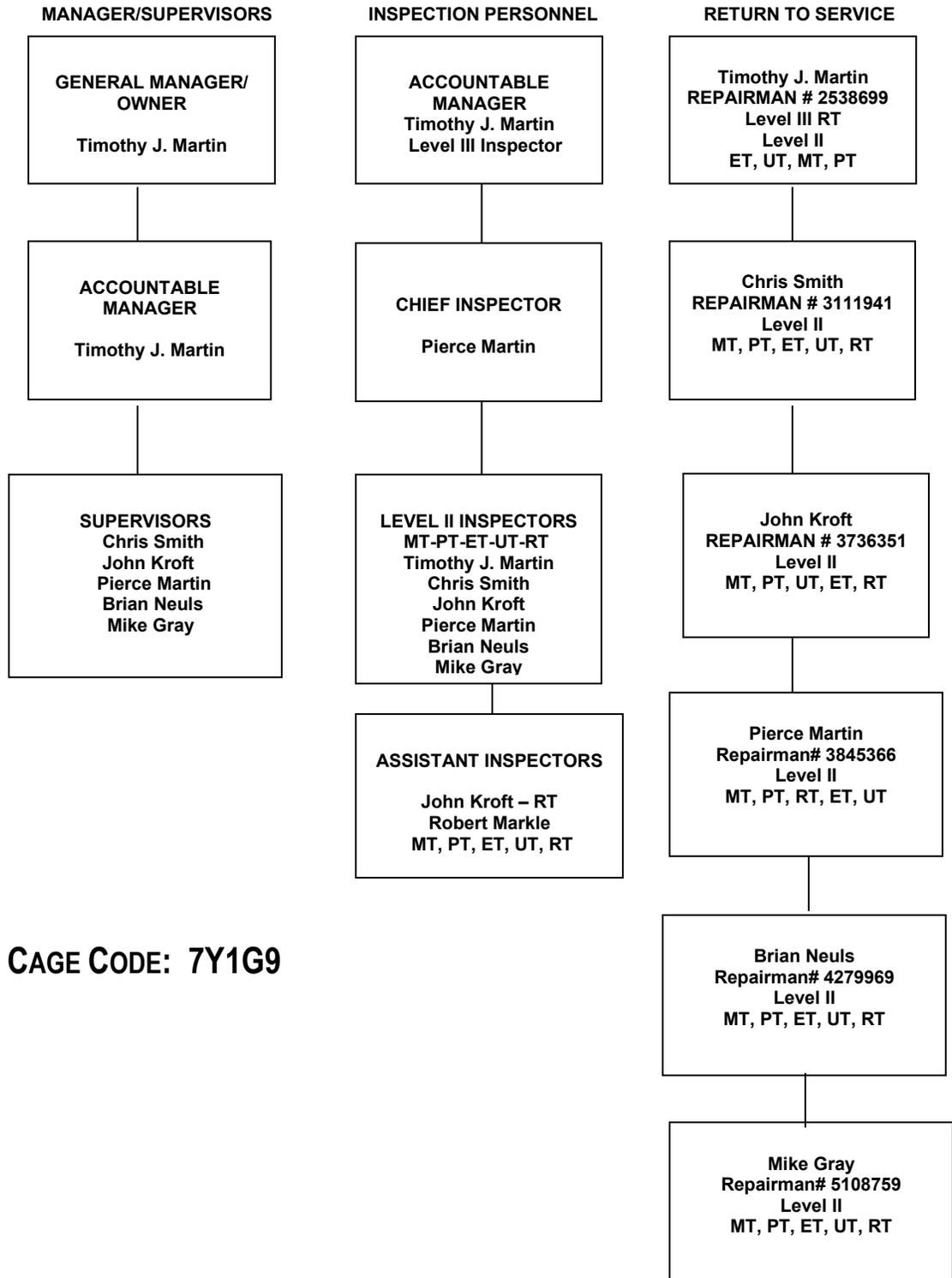
DOO Compliance:

Total Compliance Network

5646 West Atlantic Boulevard
Margate, Florida 33063
954-677-1200



REPAIR STATION ROSTER



CAGE CODE: 7Y1G9

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100 Work to be Performed at a Place Other Than the Repair Station Fixed Location(s)	11/16/2004	03/27/2014	2

A001 . Issuance and Applicability

HQ Control: 02/11/2016

HQ Revision: 05c

a. These operations specifications are issued to Power Aviation, Inc., a Repair Station located in the United States, pursuant to 14 CFR Part 145, § 145.53. The repair station certificate holder shall conduct operations in accordance with 14 CFR Part 145 and these operations specifications.

The certificate holder's address:

Fixed Location:
8440 Tradeport Drive
Suite 109
Orlando, Florida
32827

b. The holder of these operations specifications is the holder of certificate number ZLZR567L and shall hereafter be referred to as the "certificate holder".

c. These operations specifications are issued as part of this repair station certificate and are in effect as of the date approval is effective. This certificate and these operations specifications shall remain in effect until the certificate for a repair station that is located in the United States is surrendered, suspended, or revoked.

d. U.S./EU Aviation Safety Agreement Repair Station/Maintenance Organization Approvals not authorized.

e. The certificate holder is authorized to use only the business name which appears on the certificate to conduct the operations described in subparagraph a.

Delegated authorities:

1. Issued by the Federal Aviation Administration.
2. These Operations Specifications are approved by direction of the Administrator.



Digitally signed by Rafael A. Dorta-Figueroa, Principal Maintenance Inspector
(SO15)
[1] EFFECTIVE DATE: 8/1/2016, [2] AMENDMENT #: 7
DATE: 2016.08.01 13:59:46 -05:00

3. I hereby accept and receive the Operations Specifications in this paragraph.



Martin, Timothy J., President

8/1/2016

Date

A002 . Definitions and Abbreviations

HQ Control: 12/14/2017

HQ Revision: 05d

Unless otherwise defined in these operations specifications, all words, phrases, definitions, and abbreviations have identical meanings to those used in 14 CFR and 49 U.S.C., as cited in Public Law 103-272, as amended. Additionally, the definitions listed below are applicable to operations conducted in accordance with these operations specifications.

BASA	The Bilateral Aviation Safety Agreement (BASA) is an executive agreement concluded between the United States and a foreign country for the purpose of promoting aviation safety; also known as an Agreement for the Promotion of Aviation Safety.
Certificate Holder	In these operations specifications, the term "certificate holder" means the holder of the repair station certificate described in these operations specifications in Part A paragraph A001 and any of its officers, employees, or agents used in the conduct of operations under this certificate.
CAAS	Civil Aviation Authority of Singapore
CFR	Code of Federal Regulations
Class Rating	As used with respect to the certification, ratings, privileges of airframes, powerplants, propellers, radios, instruments, and accessories within a category having similar operating characteristics.
EASA	European Aviation Safety Agency
EASA Accountable Manager	The manager who has corporate authority for ensuring that all maintenance required by the customer can be financed and carried out to the standard required by the EASA full-member Authority.
EU	European Union
Exemption	An authorization that permits an alternate means of compliance with a specific CFR. The exemption must meet the procedural requirements of 14 CFR Part 11.
FOCA	Federal Office of Civil Aviation
FAA Accountable Manager	A person designated by the certificated repair station who is responsible for and has authority over all repair station operations that are conducted under 14 CFR Part 145, including ensuring that the repair station's personnel follow the regulations and serving as the primary contact with the FAA.

Geographic Authorization	Authorization provided to a repair station located outside the United States to perform maintenance support under contract for a U.S. air carrier (or an operator of U.S.- registered aircraft under 14 CFR Part 129) at a location other than the repair station's main facility. A geographic authorization is issued by the FAA to respond to a U.S. air carrier's or Part 129 foreign operator's need for maintenance at a station where the frequency and scope of that maintenance does not warrant permanently staffing and equipping the station for its accomplishment.
Limited Rating	A rating issued to repair stations for the performance of maintenance on particular makes and models of airframes, powerplants, propellers, radios, instruments, accessories, and/or parts.
Limited Ratings - Specialized Services	Rating issued for a special maintenance function when the function is performed in accordance with a specification approved by the Administrator.
Line Maintenance	Any unscheduled maintenance resulting from unforeseen events, or scheduled checks where certain servicing and/or inspections do not require specialized training, equipment, or facilities.
MAG	The Maintenance Annex Guidance (MAG) defines the process that the FAA and EASA undertake in the inspection, findings of compliance certification, and monitoring of repair stations, as well as their joint cooperation in quality assurance and standardization activities in support of the EASA Agreement, Annex 2, Maintenance. The term Maintenance Agreement Guidance (MAG) defines the processes and activities applicable to a specific country under an MIP, and is not associated with the EASA Agreement.
Maintenance	The inspection, overhaul, repair, preservation, and replacement of parts, but excludes preventive maintenance.
U.S./EU Aviation Safety Agreement, Annex 2, Maintenance	Annex 2 covers the reciprocal acceptance of findings of compliance, approvals, documentation and technical assistance regarding approvals and the monitoring of repair stations/maintenance organizations.
MIP	Maintenance Implementation Procedures (MIP) are procedures for implementing the provisions of a BASA that apply to maintenance performed under 14 CFR Part 145, Section 145.53(b).
MOE	A maintenance organization exposition (MOE) pertains to procedural manuals used by maintenance organizations certificated by a foreign country. The MOE along with the FAA Supplement, sets forth the structure and procedures of the repair station to meet the requirements of 14 CFR Part 145 under a MIP.

Preventive Maintenance	As defined in 14 CFR part 1 and part 43 appendix A, subparagraph (c).
QCM	Quality Control Manual
Repair Station located in the United States	A FAA certificated repair station located in the United States.
Repair Station located outside the United States	A FAA certificated repair station located outside of the United States.
RSM	Repair Station Manual

1. Issued by the Federal Aviation Administration.
2. These Operations Specifications are approved by direction of the Administrator.



Digitally signed by Rafael A. Dorta-Figueroa, Principal Maintenance Inspector (SO15)
[1] EFFECTIVE DATE: 1/11/2018, [2] AMENDMENT #: 5
DATE: 2018.01.11 06:00:18 -06:00

3. I hereby accept and receive the Operations Specifications in this paragraph.

Handwritten signature of Timothy J. Martin in black ink.

Martin, Timothy J., President

Handwritten date "01/11/2018" in black ink.

Date

A003 . Ratings and Limitations

HQ Control: 04/03/2017

HQ Revision: 01a

The certificate holder is authorized the following Ratings and/or Limitations:

Class Ratings

None authorized

Limited Ratings

Rating

Nondestructive
Inspection, Testing,
and Processing

Manufacturer Make/Model Limitations

Liquid Penetrant
Magnetic Particle
Eddy Current Testing
Ultrasonic Inspection
Radiographic (X-Ray) Testing

Power Aviation Inc. shall use methods, techniques
and practices prescribed in the current
manufacturer's maintenance manual or Instructions
for Continued Airworthiness prepared by its
manufacturer, or other methods, techniques, and
practices acceptable to the Administrator

Limited Ratings - Specialized Services

Rating

None Authorized

Specifications

Limitations

1. Issued by the Federal Aviation Administration.
2. These Operations Specifications are approved by direction of the Administrator.



Digitally signed by Rafael A. Dorta-Figueroa, Principal Maintenance Inspector
(SO15)
[1] EFFECTIVE DATE: 1/11/2018, [2] AMENDMENT #: 4
DATE: 2018.01.11 06:00:22 -06:00

3. I hereby accept and receive the Operations Specifications in this paragraph.

Handwritten signature of Timothy J. Martin in black ink.

Martin, Timothy J., President

Handwritten date "1/11/2018" in black ink.

Date

A004. Summary of Special Authorizations and Limitations **HQ Control:** 9/23/1998
HQ Revision: 010

a. The certificate holder, in accordance with the reference paragraphs, is authorized to:

	<u>Reference Paragraphs</u>
Conduct operations choosing to have an antidrug and alcohol misuse prevention program.	A449
Perform work, excluding continuous operations, at additional locations other than at its primary Fixed Location.	D100

b. The certificate holder is *not* authorized and shall not:

Use Exemptions.	A005
Perform work, including continuous operations, at additional locations other than at its primary fixed location.	A101
Perform maintenance in accordance with foreign repair station geographic authorizations.	B050
Perform line maintenance for cert. holders conducting operations under Parts 121 and 135 and for foreign carriers/persons operating U.S. registered aircraft in common carriage under Part 129, apart from D100 which authorizes that work away from station.	D107

1. Issued by the Federal Aviation Administration.
2. These Operations Specifications are approved by direction of the Administrator.

Kimball, Albert

Principal Maintenance Inspector

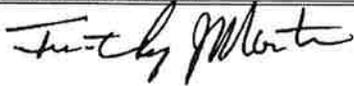
SO15

3. Date Approval is effective: 6/16/05 Amendment Number: 2
4. I hereby accept and receive the Operations Specifications in this paragraph.

Martin, Timothy J.,

FAA Accountable Manager, 145

Date: 6/16/05



A007 . Designated Persons

HQ Control: 12/19/2006

HQ Revision: 030

a. The personnel listed in the following table are designated to officially apply for and receive operations specifications for the certificate holder indicated below.

Table 1 – Designated Persons to Apply for and Receive Authorizations

Title	Name	Parts Authorized
FAA Accountable Manager, 145 / President	Martin, Timothy J.	A,D

b. The following personnel listed in Table 2 are designated by the certificate holder to receive Information for Operators (INFO) messages for the certificate holder as indicated below. A receipt for the information by an operator or person is not required.

Table 2 – Designated to Receive INFO Messages

Name	Email Address	Telephone No.	Type of Information to Receive

1. The Certificate Holder applies for the Operations in this paragraph.
2. These Operations Specifications are approved by direction of the Administrator.



Digitally signed by Rafael A. Dorta-Figueroa, Principal Maintenance Inspector
(SO15)
[1] EFFECTIVE DATE: 8/1/2016, [2] AMENDMENT #: 4
DATE: 2016.08.01 13:53:37 -05:00

3. I hereby accept and receive the Operations Specifications in this paragraph.

Handwritten signature of Timothy J. Martin in black ink.

Martin, Timothy J., President

Handwritten date "8/1/2016" in black ink.

Date

A449 . Drug and Alcohol Testing Program

HQ Control: 08/30/2021

HQ Revision: 00b

- a. The 14 CFR Part 145 repair station certificate holder has implemented a drug and alcohol testing program because the certificate holder performs safety-sensitive functions for a 14 CFR Part 121, 121/135, and/or 135 certificate holder, and/or for a 14 CFR Part 91 operator conducting operations under § 91.147.
- b. The certificate holder certifies that it will comply with the requirements of 14 CFR Part 120 and 49 CFR Part 40 for its drug and alcohol testing program.
- c. Drug and alcohol testing program records are maintained and available for inspection by the FAA's Drug Abatement Compliance and Enforcement Inspectors at the location listed in Table 1 below:

Table 1

Location & Telephone of Drug and Alcohol Testing Program Records	
Telephone Number:	407-200-2300
Address:	5646 WEST ATLANTIC BOULEVARD
Address:	
City:	MARGATE
State:	FL
Zip code:	33063

d. Limitations and Provisions.

(1) The FAA's Drug Abatement Division is responsible for oversight and enforcement of the DOT/FAA-mandated drug and alcohol testing program. Questions regarding the program requirements or regulations must be directed to the Drug Abatement Division at 202-267-8442 or drugabatement@faa.gov.

(2) The certificate holder is responsible for updating this operations specification when any of the following changes occur:

(a) Phone number and address where the drug and alcohol testing program records are kept.

(b) If the certificate holder's number of safety-sensitive employees goes to 50 and above, or falls below 50 safety-sensitive employees.

(3) The certificate holder with 50 or more employees performing a safety-sensitive function on January 1 of the calendar year must submit an annual report to the Drug Abatement Division of the FAA.

(4) The certificate holder with fewer than 50 employees performing a safety-sensitive function

on January 1 of any calendar year must submit an annual report upon request of the Administrator,

e. The certificate holder has fewer than 50 safety-sensitive employees.

-
1. Issued by the Federal Aviation Administration.
 2. These Operations Specifications are approved by direction of the Administrator.



Digitally signed by Javier R. Cruz, Principal Maintenance Inspector (SO15)
[1] SUPPORT INFO: Corrected address for Drug & Alcohol Program
[2] EFFECTIVE DATE: 9/6/2022, [3] AMENDMENT #: 2
DATE: 2022.09.06 13:41:31 -05:00

3. I hereby accept and receive the Operations Specifications in this paragraph.

Truhy J. Martz 9/6/2022

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>POWER AVIATION, INC.</p>	
	<p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>8440 TRADEPORT DRIVE, SUITE 109</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p> <p>ORLANDO, FL 32827</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-				-	
or									
Employer identification number									
5	9	-	3	3	5	1	8	2	2

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	<p>Signature of U.S. person <i>Tracy J. Martin</i></p>	<p>Date <i>01/08/2026</i></p>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they