



NAS MRO SERVICES, LLC
FAA Certified Repair Station No. K93R093Y
SELF-AUDIT FOR CUSTOMER REVIEW

COMPANY NAME: NAS MRO Services, LLC.		
ADDRESS: 2751 W 81 st St		TELEPHONE: (786) 713-3199
CITY, STATE, ZIP: Hialeah, FL, 33016		WEBSITE: nasmro.com
QUALITY CONTROL CONTACT: Nestor Camacho Jr.		
FAA REPAIR STATION NUMBER: K93R093Y		
<p>* Please find copies of the following certifications at nasmro.com</p> <ul style="list-style-type: none"> - F.A.A Certificate - EASA Certificate - CAA.UK Certificate - Operations Specifications - Drugs and Alcohol Program 		
SERVICE: FAA 145 Repair Station		
<i>*See FAA Operations Specifications for more details.</i>		
YEARS IN BUSINESS:	NUMBER OF CERTIFIED PERSONNEL:	NUMBER OF UN-CERTIFIED PERSONNEL:
27 Years	10	83
CONTACT PERSONNEL :		
MANAGEMENT : Nestor Camacho Jr.		PHONE : (786) 713-3199
MANAGEMENT : Angel Camacho		PHONE : (786) 713-3199
<i>I Certify that the information requested and provided on this audit is true and accurate to the best of my knowledge.</i>		
AUDIT COMPLETED BY: Gabriel Leyva		DATE: 05/13/2026
SIGNATURE:		TITLE: Quality & Compliance Coordinator



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	YES	NO	N/A
PART I - CERTIFICATION			
1. Please mark the certifications you hold.	FAA <input checked="" type="checkbox"/>	EASA <input checked="" type="checkbox"/>	CAA UK <input checked="" type="checkbox"/>
2. Is the Vendor an FAA Certified 145 Repair Station? Expiration Date: <u>Indefinitely</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the Vendor an EASA Certified 145 Repair Station? Expiration Date: <u>04/22/2028</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the Vendor a U.K CAA Certified 145 Repair Station? Expiration Date: <u>12/08/2026</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the Vendor a CAAC Certified 145 Repair Station? Expiration Date: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Does the Vendor possess any other Certification? Which: _____ Exp. Date: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Does the vendor have an FAA Approved Drug and Alcohol Misuse Program? Expiration Date: <u>11/08/2026</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the FAA Repair Station Certificate properly displayed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART II - QUALITY CONTROL			
1. Is there an established Quality Control Program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the vendor have an organization adequate to perform the work it is rated for?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a proper separation of Maintenance/Production and Quality Control?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the vendor have an internal audit and surveillance function?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the internal audit program ensure the appropriate corrective action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the audit and surveillance program ensure sub-contractor quality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the vendor have an established procedure to provide Corrective Action for discrepancies noted during maintenance operations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the vendor maintain a list of "sub-contracted" maintenance actions and Approved vendors for those functions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the vendor ensure that the sub-contractor quality meets customer specifications and legal requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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PART IV - TRAINING			
1. Does the vendor have a training program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the vendor maintain training files?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the vendor document Formal and OJT Training on each individual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do supervisors, Inspectors, and Maintenance personnel have A & P or Repairman Certificates?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the vendor have a documented procedure to annually verify the validity of the FAA mechanic certificated through the FAA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART V - INSPECTION			
1. Does the vendor perform any Required Inspection Items - RII, for any Customer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the Vendor maintain a list of RII items each inspector is authorized to Inspect?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the repair station roster identify all supervisory and inspection personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the vendor have an employment summary for all personnel listed on the RII Roster?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the repair station maintain a list of all the personnel authorized for Return to Service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the inspectors properly trained and certified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the vendor have a procedure for controlling stamps for both Inspection and Production Control personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are inspection stations utilized and appropriately located?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART VI - PRODUCTION			
1. Does the vendor perform only work authorized by the operation Specifications?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the work accomplished with approved technical data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is a work turnover procedure in effect?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Do Personnel follow the return to services procedure including the Maintenance Release Statement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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PART VII - RECORDS			
1. Does the vendor's record-keeping and retention system meet the FAR Requirements, two (2) years or longer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do the vendor's work packages cover the work accomplished, test procedures, and inspection? Are the work packages in order legible and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do the records contain corrective action and the name of the person doing the Work?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the technicians accomplishing the maintenance authorized by the vendor's Manual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do the records contain the inspector's name certifying the part approved for return to service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are the unserviceable or BER items returned to the customer with an Unserviceable parts tag?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the vendor have a procedure for reporting defects of un-airworthy Conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART VIII -TOOLS AND TEST EQUIPMENT			
1. Does the vendor have a Tool Calibration Program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Title of the person responsible for the Tool Calibration Program? And Back-up? Title: QA Manager Back-up Title: QA Clerk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are standards used to calibrate tools traceable to the National Institute of Standards and Technology?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the vendor have a Calibration Record System which shows the following: <input type="checkbox"/> Last Date Calibrated <input type="checkbox"/> Calibration Due Date <input type="checkbox"/> Identify the Vendor performing the work <input type="checkbox"/> Calibration Certificate <input type="checkbox"/> Details of adjustment <input type="checkbox"/> Part number and serial number of the standard used to perform the Calibration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all tools used listed on the Tool Calibration listing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the vendor have a procedure to control the calibration of personal tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Did a sample check of the calibration program indicate vendor compliance?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the vendor have a procedure for controlling and preventing "out-of-service" and "due-for-calibration" tools and equipment from being used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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PART IX - SHIPPING AND RECEIVING			
1. Does the vendor have an established and acceptable Receiving Inspection Program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the vendor have an acceptable procedure for identifying customer parts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the vendor maintain traceability certification on raw materials, parts, and subcontracted materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the vendor have an Approved Vendor list?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are acceptable sampling procedures adequate to ensure quality?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are components shipped in qualified packaging and containers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART X- MATERIALS AND STORAGE			
1. Are parts and materials properly stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are parts and materials properly protected from damage and deterioration?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do the parts in the bin match the part numbers in the bins?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there procedures established to prevent the mixing of serviceable and non-serviceable components?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the vendor have a system to ensure that any shelf-life item that is expired is not issued?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the program list applicable parts and materials for shelf-life?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does each life-limited item have an expiration date shown?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did a sampling reveal any expired shelf-life items available for use/incorporation to work package?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Title of the person responsible for the shelf-life program, and backup person: Title: Quality & Compliance Coordinator Back-up Title: QA Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are flammable fluids and materials properly identified and stored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are oxygen, nitrogen, and all other high-pressure cylinders properly identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there adequate space to safely store customer's shipping containers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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PART XI - HOUSING AND FACILITIES			
1. Does the vendor have an adequate facility to house all necessary components, tooling, and equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. What is the repair station's square footage: 37,000 sqft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all areas satisfactory, including adequate lighting, ventilation, work areas, and waste containers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the store area segregated from the maintenance area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there designated smoking, eating, and drinking areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART XII - SCRAPPED PARTS			
1. Does the vendor have a documented procedure to ensure that scrapped parts are either returned to the customer or mutilated beyond repair?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Who is responsible for this program, also list back-up: Title: Quality Control Manager Back-up Title: Designee Inspector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the vendor maintain a record of Life-Limited Parts scrapped for the last two years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the record show the Part Number, Serial Number, and the date that the part was scrapped?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART XIII - SAFETY AND SECURITY			
1. Does the vendor have an adequate safety program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there a fire sprinkler system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are fire doors and fire extinguishers in serviceable condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the fire stations and fire lanes clearly marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the vendor's environmental controls meet the industry standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are safety guards in place on power equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is there adequate space to safely store customer's shipping containers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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PART XIV - REMARKS

Note: Explanation or brief description to any answers that were marked “No” or “N/A”.

-VIII-6: Personal calibrated tools are not allowed (As per R.S.Q.C.M Chapter 17)

-VI-3: We only have one shift (If another shift is implemented, please refer to R.S.Q.C.M Chapter 6-1 & Chapter 15-4).