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US Department
of Transportation
Federal Aviation
Administration

MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)

OMB No. 2120-0020
Exp: 01/31/2023

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

| | | | | |
|--------------------|---|------------|--|--|
| 1. Aircraft | Nationality and Registration Mark | Serial No. | | |
| | Make | Model | Series | |
| 2. Owner | Name (As shown on registration certificate) | | Address (As shown on registration certificate) | |
| | Address _____ | | City _____ State _____ | |
| | City _____ | | Zip _____ Country _____ | |
| | Zip _____ | | Country _____ | |

3. For FAA Use Only

| 4. Type | | 5. Unit Identification | | | |
|--------------------------|--------------------------|------------------------|--------------|--------------------------------|------------|
| Repair | Alteration | Unit | Make | Model | Serial No. |
| <input type="checkbox"/> | <input type="checkbox"/> | AIRFRAME | _____ | (As described in Item 1 above) | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | POWERPLANT | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | PROPELLER | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | APPLIANCE | Type | | |
| | | | Manufacturer | | |

6. Conformity Statement

| | | | |
|------------------------------|--|--|---------------------------------------|
| A. Agency's Name and Address | | B. Kind of Agency | |
| Name _____ | | <input type="checkbox"/> U. S. Certificated Mechanic | <input type="checkbox"/> Manufacturer |
| Address _____ | | <input type="checkbox"/> Foreign Certificated Mechanic | C. Certificate No. |
| City _____ State _____ | | <input type="checkbox"/> Certificated Repair Station | |
| Zip _____ Country _____ | | <input type="checkbox"/> Certificated Maintenance Organization | |

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

| | |
|--|---|
| Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/> | Signature/Date of Authorized Individual |
|--|---|

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is Approved Rejected

| | | | | |
|----|------------------------------|----------------|--------------------------|--|
| BY | FAA Fit. Standards Inspector | Manufacturer | Maintenance Organization | Persons Approved by Canadian Department of Transport |
| | FAA Designee | Repair Station | Inspection Authorization | |
| | | | | Other (Specify) |

| | |
|--------------------------------|---|
| Certificate or Designation No. | Signature/Date of Authorized Individual |
|--------------------------------|---|

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

Nationality and Registration Mark Date

Additional Sheets Are Attached