2								OMB No. 2120-0020 Exp: 5/31/2018 Electronic Tracking Number				
US Depart of Transpo			AJOR REPAIR AND ALTERATION					For FAA Use Only				
of Transpo Federal A Administr	viation	(Allian	ne, Powerplant, Propeller, or Appliance)									
instruct		ition of this	form. This report is r							sequent revision thereof) for sult in a civil penalty for each		
Nationality and Registration Mark						Serial No.						
1. Aircraf	ft Make			Model			Series					
	Name (As	Name (As shown on registration certificate)					Address (As shown on registration certificate)					
2. Owner	r					City State						
				Zip 3. For FAA Use Only				Country				
4.	. Туре			į	5. Unit Identific	ation						
Repair	r Alteration	Unit Ma			ke Mc			del		Serial No.		
			1E	(As describe			ed in I	tem 1 a	above)			
		POWERP	PLANT									
		PROPELL	LER									
		APPLIAN	Type CE Manufacturer									
A. Agency	y's Name and A	ddress			Conformity Sta B. Kind of Ager							
Name					U. S. Certifi			Manu	ufacturer			
Address					Foreign Certificated Mechanic				C. Certific	cate No.		
City Zip	Co	untry	State	StateCertificated Rep Certificated Main			nizatior					
D. I ce	ertify that the rep	air and/or a accordanc	alteration made to the use with the requirement rrect to the best of my	ts of P	identified in iter art 43 of the U.S	m 5 above and d	escribe	ed on th		e or attachments hereto t the information		
	I range fuel		Signature/Date of Au	thorize	ed Individual							
					roval for Retur							
	strator of the Fee	deral Aviatio	persons specified be on Administration and		the unit identi	fied in item 5		Rejected	d	manner prescribed by the		
BY	FAA Flt. Stand Inspector	lards	Manufacturer		Maintenance C	organization	Departmer		tment of Tra	d by Canadian ansport		
	FAA Designee		Repair Station		Inspection Aut	norization	Other (Specify)					
Certificate or Signature/Date of Authorized Individual Designation No.												

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

Paperwork Reduction Act Statement: A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0020. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are mandatory CFR 14 Part 43. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524