



US Department  
of Transportation  
Federal Aviation  
Administration

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

Form Approved  
OMB No. 2120-0020  
11/30/2007

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))

<b>1. Aircraft</b>	Nationality and Registration Mark	Serial No.		
	Make	Model	Series	
<b>2. Owner</b>	Name (As shown on registration certificate)		Address (As shown on registration certificate)	
	Address _____		City _____ State _____	
	City _____ State _____		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

<b>A. Agency's Name and Address</b>		<b>B. Kind of Agency</b>	
Name _____		<input type="checkbox"/> U. S. Certificated Mechanic	<input type="checkbox"/> Manufacturer
Address _____		<input type="checkbox"/> Foreign Certificated Mechanic	<b>C. Certificate No.</b>
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 _____
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### 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

<b>BY</b>	FAA Flt. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport Other (Specify)
	FAA Designee	Repair Station	Inspection Authorization	

Certificate or Designation No.	Signature/Date of Authorized Individual _____
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**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:** The reason for collecting this information is to track major maintenance performed on aircraft. The collected information is used as part of the aircraft's historical file. The public reporting burden for this collection of information is estimated to average 30 minutes per response. Responses are mandated by 14 CFR Part 43. Collected information becomes part of the public record and no confidentiality is required. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0020. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave. SW Washington, DC 20591, Attn: Information Collection Clearance Officer, AIO-20.