**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 30 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 under 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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| US Department **MAJOR REPAIR AND ALTERATION**  of Transportation **(Airframe, Powerplant, Propeller, or Appliance)**  **Federal Aviation**  **Administration** | | | | | | | | | | | | | | | OMB No. 2120-0020  Exp: 1/31/2023 | | | | 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    Zip Country | | | | | | |
| **3. For FAA Use Only** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **4. Type** | | | | | **5. Unit Identification** | | | | | | | | | | | | | | |
| Repair | | | Alteration | | Unit | | | Make | | | | Model | | | | | | | Serial No. |
|  | | |  | | AIRFRAME | | |  | | | | *(As described in Item 1 above)* | | | | | | |  |
|  | | |  | | POWERPLANT | | |  | | | |  | | | | | | |  |
|  | | |  | | PROPELLER | | |  | | | |  | | | | | | |  |
|  | | |  | | APPLIANCE | | | Type | | | |  | | | | | | |  |
| Manufacturer | | | |
| **6. Conformity Statement** | | | | | | | | | | | | | | | | | | | |
| A. Agency's Name and Address | | | | | | | | | | B. Kind of Agency | | | | | | | | | |
| Name  Address  City State  Zip Country | | | | | | | | | |  | U. S. Certificated Mechanic | | | | |  | Manufacturer | | |
|  | Foreign Certificated Mechanic | | | | | C. Certificate No. | | | |
|  | Certificated Repair Station | | | | |  | | | |
|  | 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 | | | | | | | 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 Flt. 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 | | | | | | | | | | | | |



**8. Description of Work Accomplished**

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.

*(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