



MAJOR REPAIR OR MODIFICATION REPORTING FORM

INSTRUCTIONS

Print or type. Do not write in shaded areas, these are for RCAA use only. Submit original only to the RCAA or RCAA Authorized Person. If additional space is required, use an attachment.

| | | |
|----------------------|-------------------------------|---------------------------|
| A. AIRCRAFT: | | |
| 1. REGISTRATION MARK | 2. AIRCRAFT MAKE/MODEL/SERIES | 3. AIRCRAFT SERIAL NUMBER |

| | |
|-----------------------------|--------------------|
| B. REGISTERED OWNER: | |
| 1. NAME | 4. MAILING ADDRESS |
| 2. TELEPHONE | |
| 3. FAX NUMBER | 5. E-MAIL ADDRESS |

| C. UNIT IDENTIFICATION & TYPE OF MAINTENANCE ACTION | | | | MAJOR | |
|---|-------------|-------|---------------|---------|------|
| UNIT | MAKE | MODEL | SERIAL NUMBER | REPAIR? | MOD? |
| Airframe | | | | | |
| Engine | | | | | |
| Propeller | | | | | |
| Appliance | Type | | | | |
| | Manufacture | | | | |

| | | |
|---------------------------------|---|-----------------------------|
| D. CONFORMITY STATEMENT: | | |
| 1. ORGANIZATION NAME/ADDRESS | 2. TYPE OF LICENSE/ORGANIZATION | 3. LICENSE NUMBER & RATINGS |
| | a. <input type="checkbox"/> AME License | |
| | b. <input type="checkbox"/> AMO Certificate | |
| | c. <input type="checkbox"/> Manufacturer | |

E. CERTIFICATION: I certify that the repair and/or modification made to the unit(s) identified above and described on the reverse or attachments hereto have been made in accordance with the requirements of RCAR Part 4 and that the information furnished herein is true and correct to the best of my knowledge.

| | |
|------|------------------------------------|
| Date | Signature of Authorized Individual |
|------|------------------------------------|

| | |
|---|--|
| E. MAJOR REPAIR OR MODIFICATION APPROVAL BASIS: | |
| <p>1. <input type="checkbox"/> APPROVAL BY EXAMINATION OF DATA ONLY – 1 AIRCRAFT ONLY The data identified herein complies with the applicable airworthiness requirements and is approved for the above described aircraft, subject to conformity inspection by a person authorized in RCAR Part 4.</p> | <p>3. <input type="checkbox"/> APPROVAL BY EXAMINATION OF THE DATA ONLY – DUPLICATION ON IDENTICAL AIRCRAFT. The modification identified herein complies with the applicable airworthiness requirements and is approved for duplication on identical aircraft make, model, and altered configuration by the original modifier.</p> |
| <p>2. <input type="checkbox"/> APPROVAL BY PHYSICAL INSPECTION, DEMONSTRATION, TESTING, ETC., OF THE DATA AND AIRCRAFT – 1 AIRCRAFT ONLY The modification (or repair) identified herein complies with the applicable airworthiness requirements and is approved for the above described aircraft, subject to conformity inspection by a person authorized in RCAR Part 4.</p> | <p>4. <input type="checkbox"/> OTHER BASIS (Provide details on reverse)</p> |

| | | | | | |
|---|--|---|---|---|--|
| F. APPROVAL FOR RETURN TO SERVICE: Pursuant to the authority given persons specified below, the unit(s) identified in item 4 was inspected in the manner prescribed by the RCAA and is | | | | | |
| 1. <input type="checkbox"/> APPROVED | | 2. <input type="checkbox"/> REJECTED | | | |
| 3. <input type="checkbox"/> RCAA INSPECTOR | 4. <input type="checkbox"/> APPROVED MAINTENANCE ORGANIZATION <i>(with appropriate ratings)</i> | 5. <input type="checkbox"/> DESIGNATED AIRWORTHINESS REPRESENTATIVE | 6. <input type="checkbox"/> DESIGNATED ENGINEERING REPRESENTATIVE | 7. <input type="checkbox"/> OTHER (specify) | |
| 8. DATE | 9. CERTIFICATE/DESIGNATION NUMBER | 10. SIGNATURE OF AUTHORIZED INDIVIDUAL | | | |



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NOTICE

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

G. DESCRIPTION OF WORK ACCOMPLISHED: *(If more space is required, attach additional sheets. Identify each page with aircraft nationality and registration mark and date work completed.)*