

MAJOR REPAIR AND ALTERATION (AIRFRAME, POWERPLANT, PROPELLER OR APPLIANCE)

INSTRUCTIONS: Print or type all entries in accordance with GACAR Part 43, Appendix B.				FOR GACA USE ONLY	
				OFFICE IDENTIFICATION:	
1. AIRCRAFT	MAKE:	MODEL:			
	SERIAL NO.:	NATIONALITY AND REGISTRATION MARK			
2. OWNER	NAME: <i>(As shown on aircraft registration certificate)</i>		ADDRESS: <i>(As shown on aircraft registration certificate)</i>		
	Email:				
3. FOR GACA USE ONLY					
4. UNIT IDENTIFICATION				5. TYPE	
UNIT	MAKE	MODEL	SERIAL NUMBER	REPAIR	ALTERATION
AIRFRAME	<i>(As described in item 1 above)</i>	<i>(As described in item 1 above)</i>	<i>(As described in item 1 above)</i>		
POWERPLANT					
PROPELLER					
APPLIANCE	TYPE:				
	MANUFACTURER:				
6. CONFORMITY STATEMENT					
A. AGENCY'S NAME AND ADDRESS:		B. KIND OF AGENCY:		C. CERTIFICATE NUMBER:	
		<input type="checkbox"/> GACA CERTIFICATED MECHANIC			
		<input type="checkbox"/> GACA CERTIFICATED REPAIR STATION			
		<input type="checkbox"/> MANUFACTURER			
D. I certify that the repair and/or alteration made to the unit(s) identified in Block 4 and described on the reverse or attachments hereto have been made in accordance with the requirements GACAR Part 43 and that the information furnished is correct to the best of my knowledge.					
DATE:	NAME AND SIGNATURE OF AUTHORIZED INDIVIDUAL:				
7. APPROVAL FOR RETURN TO SERVICE					
<i>Pursuant to the authority given to persons specified below, the unit identified in Block 4 was inspected in the manner prescribed by the President of GACA and is;</i> <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED <i>by:</i>					
<input type="checkbox"/> GACA INSPECTOR	<input type="checkbox"/> GACA INSPECTION AUTHORISATION HOLDER	OTHER: (Specify)			
<input type="checkbox"/> MANUFACTURER	<input type="checkbox"/> GACA CERTIFICATED REPAIR STATION				
DATE OF APPROVAL OR REJECTION:		CERTIFICATE OR DESIGNATION NO.:		NAME AND SIGNATURE OF AUTHORIZED INDIVIDUAL:	

NOTICE

MASS AND BALANCE OR OPERATING LIMITATIONS CHANGES MUST BE ENTERED IN THE APPROPRIATE AIRCRAFT RECORD. AN ALTERATION MUST BE COMPATIBLE WITH ALL PREVIOUS ALTERATIONS TO ASSURE CONFORMITY WITH THE APPLICABLE AIRWORTHINESS REQUIREMENT

8. DESCRIPTION OF WORK ACCOMPLISHED: *(Identify with aircraft registration mark, name of part repaired/alterd, work accomplished, reference for approved data used and date work completed. If more space is required, attach additional sheet)*

ADDITIONAL SHEETS ATTACHED []