

SELECTION OF INSPECTION PROGRAM TO COMPLY WITH GACAR § 91.449

1. REGISTERED OWNER / OPERATOR	
NAME:	ADDRESS:
2. AIRCRAFT	
REGISTRATION MARKS.:	MAKE / MODEL:
YEAR MANUFACTURED:	MTOM: (kg)
3. AIRCRAFT NORMALLY BASED AT	
4. PERSON / COMPANY PERFORMING THE INSPECTION	
NAME:	REPAIR STATION NO.:
ADDRESS:	TELEPHONE NO.:
E-MAIL:	FAX NO.:
5. INSPECTION PROGRAM SELECTED	
<input type="checkbox"/> LARGE AIRPLANE (MORE THAN 12 500 POUNDS (5700 kg), TURBOJET MULTI-ENGINE AIRPLANE, TURBO PROPELLER POWERED MULTI-ENGINE AIRPLANE, AND TURBINE-POWERED ROTORCRAFT. INSPECTION PROGRAM SELECTED: GACAR § 91.449 (f): (1) OR (2) OR (3) OR (4) (CIRCLE APPROPRIATE PROGRAM) <i>NOTE: THE OWNER / OPERATOR OF TURBINE-POWERED ROTORCRAFT MAY ELECT TO USE THE INSPECTION PROVISIONS OF GACAR § 91.449 (a), (b), (c) OR (d) IN LIEU OF AN INSPECTION OPTION OF GACAR § 91.449 (f).</i>	
<input type="checkbox"/> OTHER AIRPLANE (COMPLYING WITH APPLICABLE GACAR § 91.449 REQUIREMENTS).	
6. AIRCRAFT OWNER / OPERATOR OR AUTHORIZED REPRESENTATIVE	
NAME:	TITLE:
SIGNATURE:	DATE: