

| | | |
|--|------------------------|---------------------------------|
| MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propellor or Appliance) | Form Approved Date: | (insert company logo if any) |
|--|------------------------|---------------------------------|

INSTRUCTIONS: Print or type all entries. Consult all relevant data from (insert company name here) for compliance and for instructions and disposition of this form. This report is required to show work done in accordance with ASTM International standards for LSA maintenance under the relevant ASTM international guidelines. Failure to report can result in loss of airworthiness and revocation of the ASTM International compliance statement by (insert company name here)

| | | |
|--------------------|---|--|
| 1. Aircraft | Make | Model |
| | Serial No. | Nationality and registration mark |
| 2. Owner | Name (As shown on registration certificate) | Address (As shown on registration certificate) |

3. For (insert name here) use only

| 4. Unit identification | | | | 5. Type | |
|------------------------|--|-------|------------|---------|------------|
| Unit | Make | Model | Serial No. | Repair | Alteration |
| Airframe | ----- (As described in item 1 above) ----- | | | | |
| Powerplant | | | | | |
| Propellor | | | | | |
| Appliance | Type | | | | |
| | Manufacturer | | | | |

| 6. Conformity Statement | | |
|---|--|--------------------------------|
| A. Certificate holders Name and Address | B. Kind of Certificate or Agency | C. Certificate type and number |
| | <input type="checkbox"/> Certificated Mechanic | |
| | <input type="checkbox"/> Other | |
| | <input type="checkbox"/> Certificated Repair Station | |
| | <input type="checkbox"/> Manufacturer | |

D. I Certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of (insert company name here) data and manuals and that the

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

7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by relevant consensus standards and (insert company name here) and manuals and is:

Approved

 Rejected

| | | | | | |
|-------------------------------|--|--------------------|--------------------------------|----------------|------------------------------------|
| By | | Manufacturer | Certificate Holder | Repair Station | Other (Specify) |
| | | Person Approved by | | | |
| Date of Approval or Rejection | | | Certificate or Designation No. | | Signature of Authorized Individual |

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 applicable airworthiness requirements.

9. Instructions for Continued Airworthiness

(If more space is required, attach additional sheets. Identify with aircraft serial number, nationality, registration mark and date work completed)

| | | |
|---------------|-----------------------------------|------|
| | | |
| Serial Number | Nationality and Registration Mark | Date |

1. Introduction: *See Block No. 4 of Form*

2. Description: *See Block No. 8 of Form*

3. Control/Operations Information: *Operate in Accordance with*

4. Sevicng Information:

5. Maintenance Information:

6. Troubleshooting Information:

7. Removal and Replacment Information:

8. Diagrams/ Engineering drawings:

9. Special Inspections:

10. Application of Protective Treatments

11. Data (Structural fasteners, Installation requirements):

12. List of Special Tools:

13. Recommended Overhaul Period:

14. Airworthiness Limitation Section:

15. Revision:

Additional Sheets are Attached