



US Department  
of Transportation  
Federal Aviation  
Administration

## MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No. 2120-0020  
2/28/2011

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))

<b>1. Aircraft</b>	Nationality and Registration Mark <b>N26658</b>	Serial No. <b>2000</b>	
	Make <b>Taylorcraft</b>	Model <b>BL</b>	Series
<b>2. Owner</b>	Name (As shown on registration certificate) <b>Charles Victor Avon</b>		Address (As shown on registration certificate)
			Address <b>1149 W. Main St</b>
			City <b>Hohenwald</b> State <b>TN</b>
			Zip <b>38462</b> Country <b>USA</b>

**3. For FAA Use Only**

**The data identified herein complies with applicable airworthiness requirements and is approved for the above described aircraft subject to a conformity inspection by a person authorized in FAR 43, Section 43.7.**

*Gerald A Martelli*      12/16/2010  
Aviation Safety Inspector ACE-FSDO-19      Date  
*Gerald A Martelli*

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

**6. Conformity Statement**

<b>A. Agency's Name and Address</b> Name _____ Address _____ City _____ State _____ Zip _____ Country _____		<b>B. Kind of Agency</b> <input type="checkbox"/> U. S. Certificated Mechanic <input type="checkbox"/> Foreign Certificated Mechanic <input type="checkbox"/> Certificated Repair Station <input type="checkbox"/> Certificated Maintenance Organization	
		<b>C. Certificate No.</b> _____	

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 <input type="checkbox"/>	Signature/Date of Authorized Individual _____
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**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

<b>BY</b>	FAA Fit. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	Inspection Authorization	

Certificate or Designation No.	Signature/Date of Authorized Individual _____
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