



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))

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

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 conforming inspection by a person authorized in FAR 43, Section 43.7.

Gerald A Martelli 12/16/2010
Aviation Safety Inspector ACE-FSDO-18 Date

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

A. Agency's Name and Address		B. Kind of Agency		C. Certificate No.
Name	DAVID BLISS	<input checked="" type="checkbox"/>	U. S. Certificated Mechanic	A+P 3456094
Address	4432 AIRPORT ROAD	<input type="checkbox"/>	Foreign Certificated Mechanic	
City	SPRINGFIELD State TN	<input type="checkbox"/>	Certificated Repair Station	
Zip	37172 Country USA	<input type="checkbox"/>	Certificated Maintenance Organization	

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 <i>David Bliss</i> JANUARY 4, 2011
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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

BY	FAA Fit. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)

Certificate or Designation No. A+P 3456094 1A	Signature/Date of Authorized Individual <i>David Bliss</i> JANUARY 4, 2011
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