



US Department  
of Transportation  
Federal Aviation  
Administration

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

OMB No. 2120-0020  
Exp. 5/31/2018

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<br>N21870                            | Serial No.<br>28R-7837309                                                                                                         |
|             | Make<br>PIPER                                                          | Model<br>PA-29R-201                                                                                                               |
| 2. Owner    | Name (As shown on registration certificate)<br>TEZAGUIC-SWANSON OLGA I | Address (As shown on registration certificate)<br>Address 4412 MONTEGO DR<br>City WICHITA FALLS State TX<br>Zip 76308 Country USA |

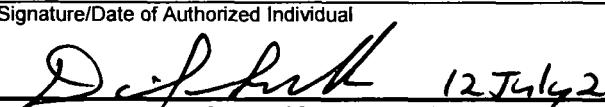
3. For FAA Use Only

| 4. Type                  |                                     | 5. Unit Identification |                      |                                |             |
|--------------------------|-------------------------------------|------------------------|----------------------|--------------------------------|-------------|
| Repair                   | Alteration                          | Unit                   | Make                 | Model                          | Serial No.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | PIPER                | (As described in Item 1 above) | 28R-7837309 |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             |                      |                                |             |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              |                      |                                |             |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type<br>Manufacturer |                                |             |

6. Conformity Statement

|                              |  |                                                                          |                                       |
|------------------------------|--|--------------------------------------------------------------------------|---------------------------------------|
| A. Agency's Name and Address |  | B. Kind of Agency                                                        |                                       |
| Name Ezell Avionics, INC     |  | <input type="checkbox"/> U. S. Certificated Mechanic                     | <input type="checkbox"/> Manufacturer |
| Address 220 PR 150-1B        |  | <input type="checkbox"/> Foreign Certificated Mechanic                   | C. Certificate No.                    |
| City Breckenridge State TX   |  | <input checked="" type="checkbox"/> Certificated Repair Station ZZ6R885B |                                       |
| Zip 76424 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<br> 12 July 21 |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|

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 Flt. Standards Inspector                     | Manufacturer   | Maintenance Organization | Persons Approved by Canadian Department of Transport |
|    | FAA Designee <input checked="" type="checkbox"/> | Repair Station | Inspection Authorization |                                                      |

|                                         |                                                                                                                                            |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Certificate or Designation No. ZZ6R885B | Signature/Date of Authorized Individual<br> 12 July 21 |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|

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 the applicable airworthiness requirements.

8. Description of Work Accomplished

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

N21870

JULY 12, 2021

Nationality and Registration Mark

Date

Introduction: This installs the following equipment: IFD-440 GPS/COM/NAV.

Description: Verified aircraft is approved under AML STC for IFD-440 installation approval. Installed an Avidyne GPS/Com/Nav IFD-440 and a GA-35 WAAS/GPS Antenna. All avionics configured ground tested IAW associated Install Manuals.

Structural data: The mounting rack has been used for previous avionics installations. This is a non-pressurized aircraft.

Interfaces: The IFD-440 is displayed on an approved Aspen EFIS system. Altitude data is provided to IFD-440 from Aspen PFD. There are no other interfaces.

Electrical Load Analysis: The avionics has been tested and found not to exceed 60 % of the max output of the Aircraft Alternator.

Compass: A compass swing was done at a calibrated compass rose.

Aircraft Equipment List / Weight & Balance revision has been completed.

GPS/COM/WAAS: I certify that this aircraft flight test has been performed and found to comply IAW Avidyne IFD-440 Certification section of the Installation Manual. A flight test Log completed for IFR applicability, a log book entry is be made to state IFR Certification completed for each requirement.

////////////////////////////////////COMPLETE////////////////////////////////////

☐ Additional Sheets Are Attached



US Department  
of Transportation  
Federal Aviation  
Administration

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

OMB No. 2120-0020  
Exp: 5/31/2018

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<br><b>N21870</b>                            | Serial No.<br><b>28R-7837309</b>               |
|             | Make<br><b>PIPER</b>                                                          | Model<br><b>PA-28R-201</b> Series              |
| 2. Owner    | Name (As shown on registration certificate)<br><b>TEZAGUIC-SWANSON OLGA I</b> | Address (As shown on registration certificate) |
|             |                                                                               | Address <b>4412 MONTEGO DR</b>                 |
|             |                                                                               | City <b>WICHITA FALLS</b> State <b>TX</b>      |
|             |                                                                               | Zip <b>76308</b> Country <b>USA</b>            |

**3. For FAA Use Only**

| 4. Type                  |                                     | 5. Unit Identification |                      |                                |                    |
|--------------------------|-------------------------------------|------------------------|----------------------|--------------------------------|--------------------|
| Repair                   | Alteration                          | Unit                   | Make                 | Model                          | Serial No.         |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | <u>PIPER</u>         | (As described in Item 1 above) | <u>28R-7837309</u> |
| <input type="checkbox"/> | <input type="checkbox"/>            | POWERPLANT             |                      |                                |                    |
| <input type="checkbox"/> | <input type="checkbox"/>            | PROPELLER              |                      |                                |                    |
| <input type="checkbox"/> | <input type="checkbox"/>            | APPLIANCE              | Type<br>Manufacturer |                                |                    |

**6. Conformity Statement**

|                                          |  |                                                                 |                                       |
|------------------------------------------|--|-----------------------------------------------------------------|---------------------------------------|
| A. Agency's Name and Address             |  | B. Kind of Agency                                               |                                       |
| Name <u>Ezell Avionics, Inc.</u>         |  | <input type="checkbox"/> U. S. Certificated Mechanic            | <input type="checkbox"/> Manufacturer |
| Address <u>220 PR 150-1</u>              |  | <input type="checkbox"/> Foreign Certificated Mechanic          | C. Certificate No.                    |
| City <u>Breckenridge</u> State <u>TX</u> |  | <input checked="" type="checkbox"/> Certificated Repair Station | <b>ZZ6R885B</b>                       |
| Zip <u>76424</u> Country <u>USA</u>      |  | <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<br>per 14 CFR Part 43<br>App. B <input type="checkbox"/> | Signature/Date of Authorized Individual<br><u>D. L. Smith</u> <u>5 Aug 19</u> |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

**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 Flt. Standards<br>Inspector | Manufacturer                                                                  | Maintenance Organization | Persons Approved by Canadian<br>Department of Transport |
|                                                   | FAA Designee                    | <input checked="" type="checkbox"/> Repair Station                            | Inspection Authorization | Other (Specify)                                         |
| Certificate or<br>Designation No. <b>ZZ6R885B</b> |                                 | Signature/Date of Authorized Individual<br><u>D. L. Smith</u> <u>5 Aug 19</u> |                          |                                                         |

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 the applicable airworthiness requirements.

8. Description of Work Accomplished

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

N21870

5 Aug 2019

Nationality and Registration Mark

Date

Removed Garmin GTX327 Transponder

Installed and tested L3 Aviation Lynx NGT-9000 ADS-B compliant MultiLink Surveillance System Transponder in accordance with L3 Installation manual 0040-17001-01 (Revision M) July 13, 2017 and FAA Policy Notice No. N8900.362.

This installation is a follow on to STC No SA02444AK. The installed ADS-B OUT system was shown to meet the equipment performance requirements of 14 CFR part 91.227

Weight and Balance Data, Equipment List, and Airframe Logs updated to reflect this change this date. Performed an Electrical Load analysis and found total load does not exceed 80% of rated capacity.

Inserted FAA Approved Airplane flight Manual Supplement, L3 document No. L3-76AK-AFMS1, Revision 3 dated 24 Feb 2017 in the Pilot's Operating Handbook.

Reference Instructions for continued Airworthiness, L3 Document No. L3-76-ICA1, Revision 3 dated 06 Jan 2017.

////////////////////COMPLETE////////////////////////////////////

☐ Additional Sheets Are Attached

|                                                                                                                                                         |  |                                                                                              |  |                                     |  |                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------|--|-------------------------------------|--|----------------------------|--|
| <br>US Department of Transportation<br>Federal Aviation Administration |  | <b>MAJOR REPAIR AND ALTERATION</b><br><b>(Airframe, Powerplant, Propeller, or Appliance)</b> |  | OMB No. 2120-0020<br>Exp: 5/31/2018 |  | Electronic Tracking Number |  |
|                                                                                                                                                         |  | For FAA Use Only                                                                             |  |                                     |  |                            |  |

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|                    |                                                    |  |                                  |  |                            |  |
|--------------------|----------------------------------------------------|--|----------------------------------|--|----------------------------|--|
| <b>1. Aircraft</b> | Nationality and Registration Mark<br><b>N21870</b> |  | Serial No.<br><b>28R-7837309</b> |  |                            |  |
|                    | Make<br><b>PIPER</b>                               |  | Model<br><b>PA-28R-201</b>       |  | Series<br><b>ARROW III</b> |  |

|                 |                                                                               |  |  |                                                                                  |  |  |  |
|-----------------|-------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------------------|--|--|--|
| <b>2. Owner</b> | Name (As shown on registration certificate)<br><b>TEZAGUIC-SWANSON OLGA I</b> |  |  | Address (As shown on registration certificate)<br>Address <b>4412 MONTEGO DR</b> |  |  |  |
|                 |                                                                               |  |  | City <b>WICHITA FALLS</b> State <b>TEXAS</b>                                     |  |  |  |
|                 |                                                                               |  |  | Zip <b>76308</b> Country <b>UNITED STATES</b>                                    |  |  |  |
|                 |                                                                               |  |  |                                                                                  |  |  |  |

3. For FAA Use Only

| 4. Type                  |                                     | 5. Unit Identification |              |                                |             |  |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------|-------------|--|
| Repair                   | Alteration                          | Unit                   | Make         | Model                          | Serial No.  |  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | PIPER        | (As described in Item 1 above) | 28R-7837309 |  |
| <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><br>Name <b>ADAM JAMES</b><br>Address <b>1906 SPEEDWAY</b><br>City <b>WICHITA FALLS</b> State <b>TEXAS</b><br>Zip <b>76301</b> Country <b>UNITED STATES</b> |                                       | <b>B. Kind of Agency</b><br><table style="width:100%;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 45%;">U. S. Certificated Mechanic</td> <td style="width: 50%;">Manufacturer</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Foreign Certificated Mechanic</td> <td rowspan="2">C. Certificate No.<br/><b>3711736</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Certificated Repair Station</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Certificated Maintenance Organization</td> <td></td> </tr> </table> |  | <input checked="" type="checkbox"/> | U. S. Certificated Mechanic | Manufacturer | <input type="checkbox"/> | Foreign Certificated Mechanic | C. Certificate No.<br><b>3711736</b> | <input type="checkbox"/> | Certificated Repair Station | <input type="checkbox"/> | Certificated Maintenance Organization |  |
| <input checked="" type="checkbox"/>                                                                                                                                                            | U. S. Certificated Mechanic           | Manufacturer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                     |                             |              |                          |                               |                                      |                          |                             |                          |                                       |  |
| <input type="checkbox"/>                                                                                                                                                                       | Foreign Certificated Mechanic         | C. Certificate No.<br><b>3711736</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                     |                             |              |                          |                               |                                      |                          |                             |                          |                                       |  |
| <input type="checkbox"/>                                                                                                                                                                       | Certificated Repair Station           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                     |                             |              |                          |                               |                                      |                          |                             |                          |                                       |  |
| <input type="checkbox"/>                                                                                                                                                                       | Certificated Maintenance Organization |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                     |                             |              |                          |                               |                                      |                          |                             |                          |                                       |  |

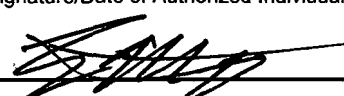
D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and 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<br> <b>6-23-2017</b> |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

**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 Flt. 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. <b>3396003</b> | Signature/Date of Authorized Individual<br> <b>06-23-2017</b> |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

# 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 the applicable airworthiness requirements.

## 8. Description of Work Accomplished

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

N21870

JUNE 23, 2017

Nationality and Registration Mark

Date

INSTALLED STC SA1216GL I.A.W. DRAWING # 2832WR REV. D AND MANUAL # 28WR-M

SEE STC MANUAL #28WR-M FOR CONTINUED AIRWORTHY INSTRUCTIONS AND FURTHER DETAILS

Installation of wing root fairings

☐

Additional Sheets Are Attached



US Department  
of Transportation  
Federal Aviation  
Administration

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

OMB No. 2120-0020  
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|             |                                                                               |                                  |                                                |                              |
|-------------|-------------------------------------------------------------------------------|----------------------------------|------------------------------------------------|------------------------------|
| 1. Aircraft | Nationality and Registration Mark<br><b>N21870</b>                            | Serial No.<br><b>28R-7837309</b> |                                                |                              |
|             | Make<br><b>PIPER</b>                                                          | Model<br><b>PA-28R-201</b>       | Series<br><b>ARROW III</b>                     |                              |
| 2. Owner    | Name (As shown on registration certificate)<br><b>TEZAGUIC-SWANSON OLGA I</b> |                                  | Address (As shown on registration certificate) |                              |
|             |                                                                               |                                  | Address <b>4412 MONTEGO DR</b>                 |                              |
|             |                                                                               |                                  | City <b>WICHITA FALLS</b>                      | State <b>TEXAS</b>           |
|             |                                                                               |                                  | Zip <b>76308</b>                               | Country <b>UNITED STATES</b> |

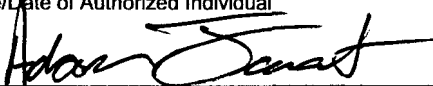
**3. For FAA Use Only**

| 4. Type                  |                                     | 5. Unit Identification |              |                                |                    |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------|--------------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                          | Serial No.         |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | AIRFRAME               | <u>PIPER</u> | (As described in Item 1 above) | <u>28R-7837309</u> |
| <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**

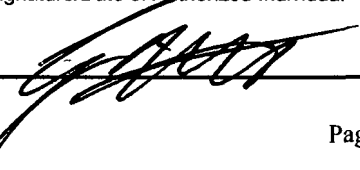
|                              |                                                                                                                               |                                                                 |                    |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------|
| A. Agency's Name and Address |                                                                                                                               | B. Kind of Agency                                               |                    |
| Name <b>ADAM JAMES</b>       | Address <b>1908 SPEEDWAY</b><br>City <b>WICHITA FALLS</b> State <b>TEXAS</b><br>Zip <b>76301</b> Country <b>UNITED STATES</b> | <input checked="" type="checkbox"/> U. S. Certificated Mechanic | Manufacturer       |
|                              |                                                                                                                               | Foreign Certificated Mechanic                                   | C. Certificate No. |
|                              |                                                                                                                               | Certificated Repair Station                                     | <b>3711736</b>     |
|                              |                                                                                                                               | 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<br> <b>6.23.2017</b> |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

**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 Flt. Standards Inspector | Manufacturer                                                                                                                                     | Maintenance Organization | Persons Approved by Canadian Department of Transport |
|                                               | FAA Designee                 | Repair Station <b>X</b>                                                                                                                          | Inspection Authorization | Other (Specify)                                      |
| Certificate or Designation No. <b>3396003</b> |                              | Signature/Date of Authorized Individual<br> <b>06.23.2017</b> |                          |                                                      |

NOTICE

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8. Description of Work Accomplished

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

N21870

JUNE 23, 2017

Nationality and Registration Mark

Date

INSTALLED STC SA01224AT I.A.W. DRAWING # LSM-200-701 REV E

SEE STC FOR CONTINUED AIRWORTHY INSTRUCTIONS AND FURTHER DETAILS

Installation of wheel hub caps

☐ Additional Sheets Are Attached



US Department  
of Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION**  
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OMB No. 2120-0020  
Exp: 8/31/2014

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|             |                                                                        |                                                |                          |
|-------------|------------------------------------------------------------------------|------------------------------------------------|--------------------------|
| 1. Aircraft | Nationality and Registration Mark<br>N21870                            | Serial No.<br>28R-7837309                      |                          |
|             | Make<br>PIPER                                                          | Model<br>PA-28R-201                            |                          |
| 2. Owner    | Name (As shown on registration certificate)<br>TEZAGUIC-SWANSON OLGA I | Address (As shown on registration certificate) |                          |
|             |                                                                        | Address 304 DULMER DR                          |                          |
|             |                                                                        | City<br>NOKOMIS                                | State<br>FLORIDA         |
|             |                                                                        | Zip<br>34275                                   | Country<br>UNITED STATES |

3. For FAA Use Only

| 4. Type                  |                                     | 5. Unit Identification |              |                                |              |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------|--------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                          | Serial No.   |
| <input type="checkbox"/> | <input type="checkbox"/>            | AIRFRAME               | _____        | (As described in Item 1 above) | _____        |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | POWERPLANT             | LYCOMING     | IO-360-C1C6                    | RL-10589-51A |
| <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                                            |                    |
| Name<br>STEPHEN POWERS       | Address<br>1529 23RD ST. APT. B<br>City<br>WICHITA FALLS<br>State<br>TEXAS<br>Zip<br>76301<br>Country<br>UNITED STATES | <input checked="" type="checkbox"/> U. S. Certified Mechanic | Manufacturer       |
|                              |                                                                                                                        | <input type="checkbox"/> Foreign Certified Mechanic          | C. Certificate No. |
|                              |                                                                                                                        | <input type="checkbox"/> Certified Repair Station            | 3622493            |
|                              |                                                                                                                        | <input type="checkbox"/> Certified 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<br>per 14 CFR Part 43<br>App. B <input type="checkbox"/> | Signature/Date of Authorized Individual<br><br>APP 3622493 01/27/15 |
|------------------------------------------------------------------------------|---------------------------------------------------------------------|

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 Flt. Standards<br>Inspector | Manufacturer   | Maintenance Organization                                     | Persons Approved by Canadian<br>Department of Transport |
|    | FAA Designee                    | Repair Station | <input checked="" type="checkbox"/> Inspection Authorization |                                                         |

|                                           |                                                         |
|-------------------------------------------|---------------------------------------------------------|
| Certificate or<br>Designation No. 3157316 | Signature/Date of Authorized Individual<br><br>01/27/15 |
|-------------------------------------------|---------------------------------------------------------|



**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 the applicable airworthiness requirements.*

| 8. Description of Work Accomplished<br><small>(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)</small>                                                                                                            |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| N21870                                                                                                                                                                                                                                                                                                    | 01/27/15 |
| Nationality and Registration Mark                                                                                                                                                                                                                                                                         | Date     |
| Removed four (4) Lycoming fuel nozzles P/N LW18265 (or equiv) and installed General Aviation Modifications, Inc. GAMInjectors kit No. GL10-4 S/N 24327 STC No. SE09445SC PMA No. PQ821SW per GAMInjectors Installation Procedure No. IP-98-001 (Rev B) dated 13 Mar 1998. No change in weight or balance. |          |
| ////////////////////////////////////<br>////////////////////////////////////END////////////////////////////////////<br>////////////////////////////////////                                                                                                                                               |          |
| <div><input type="checkbox"/> Additional Sheets Are Attached</div>                                                                                                                                                                                                                                        |          |

Page 2





**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<br><b>N21870</b>                            | Serial No.<br><b>28R-7837309</b>                                        |                                     |
|             | Make<br><b>Piper</b>                                                          | Model<br><b>PA-28R-201</b>                                              | Series                              |
| 2. Owner    | Name (As shown on registration certificate)<br><b>Tezaguic-Swanson Olga I</b> | Address (As shown on registration certificate)<br><b>304 Dulmer Dr.</b> |                                     |
|             |                                                                               | City <b>Nokomis</b> State <b>Florida</b>                                | Zip <b>34275</b> Country <b>USA</b> |

**3. For FAA Use Only**

| 4. Type                             |                          | 5. Unit Identification |                                        |                                |            |
|-------------------------------------|--------------------------|------------------------|----------------------------------------|--------------------------------|------------|
| Repair                              | Alteration               | Unit                   | Make                                   | Model                          | Serial No. |
| <input checked="" type="checkbox"/> | <input 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<br>_____<br>Manufacturer<br>_____ |                                |            |

**6. Conformity Statement**

|                              |                                                                                                                           |                                                                 |                    |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------|
| A. Agency's Name and Address |                                                                                                                           | B. Kind of Agency                                               |                    |
| Name <b>Moore Aviation</b>   | Address <b>4515 Old Jacksboro Hwy</b><br>City <b>Wichita Falls</b> State <b>TX</b><br>Zip <b>76302</b> Country <b>USA</b> | <input checked="" type="checkbox"/> U. S. Certificated Mechanic | Manufacturer       |
|                              |                                                                                                                           | <input type="checkbox"/> Foreign Certificated Mechanic          | C. Certificate No. |
|                              |                                                                                                                           | <input type="checkbox"/> Certificated Repair Station            | <b>3622493</b>     |
|                              |                                                                                                                           | <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<br> <b>12-20-2013</b> |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

**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 | Inspection Authorization | Other (Specify)                                      |

|                                                  |                                                                                                                                                  |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Certificate or Designation No.<br><b>3157316</b> | Signature/Date of Authorized Individual<br> <b>12-20-2013</b> |
|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|

### 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 the applicable airworthiness requirements.*

#### 8. Description of Work Accomplished

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

N21870

12-20-2013

Nationality and Registration Mark

Date

Removed Piper Gascolator and installed Steve's Aircraft Gascolator SA3-00 IAW SA01026SE installation instructions 3200-3-2 Rev. 1. Aircraft is released for return to service.

☐ Additional Sheets Are Attached



U.S. Department  
of Transportation  
Federal Aviation  
Administration

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

Form Approved  
OMB No. 2120-0020  
11/30/2007

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<br><b>USA N21870</b>                   | Serial No.<br><b>28R-7837309</b>                                                                                |        |
|             | Make<br><b>PIPER</b>                                                     | Model<br><b>PA-28R-201</b>                                                                                      | Series |
| 2. Owner    | Name (As shown on registration certificate)<br><b>Jeffery A. Swanson</b> | Address (As shown on registration certificate)<br><b>4412 Montego Drive<br/>Wichita Falls, TX<br/>76308 USA</b> |        |

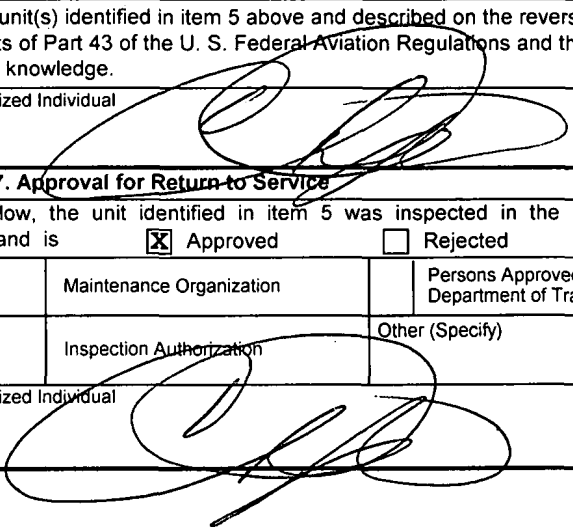
### 3. For FAA Use Only

| 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<br><b>US Aviation Group, LLC<br/>4700 John Carrell<br/>Denton, TX<br/>76207 USA</b> | B. Kind of Agency                                            |                                       |
|                                                                                                                  | <input type="checkbox"/> U. S. Certified Mechanic            | <input type="checkbox"/> Manufacturer |
|                                                                                                                  | <input type="checkbox"/> Foreign Certified Mechanic          | C. Certificate No.                    |
|                                                                                                                  | <input checked="" type="checkbox"/> Certified Repair Station | <b>U9FR750K</b>                       |
|                                                                                                                  | <input type="checkbox"/> Certified Maintenance Organization  |                                       |

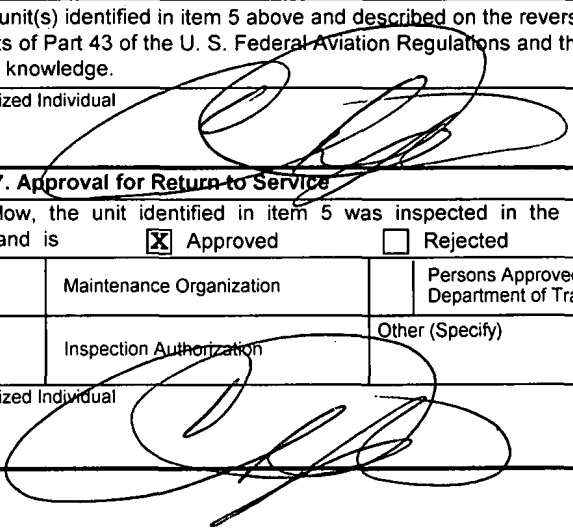
D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U. S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

|                                                                              |                                                                                                                                                                                     |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Extended range fuel<br>per 14 CFR Part 43<br>App. B <input type="checkbox"/> | Signature/Date of Authorized Individual<br><br><b>Christopher Felleggy<br/>24-February-2012</b> |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### 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

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

|                                                      |                                                                                                                                                                                     |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Certificate or<br>Designation No.<br><b>U9FR750K</b> | Signature/Date of Authorized Individual<br><br><b>Christopher Felleggy<br/>24-February-2012</b> |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## 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 the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

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

USA N21870

Nationality and Registration Mark

Feb-24-2012

Date

Worked performed under Repair Sation #U9FR750K and Filed on Work Order #10098.

1. Removed (1)KR-87 ADF Receiver (1) E-4 EGT System (1) KI-227 ADF Indicator.

a. Installed Insight G3 System Display in the Left Pilot's Instrument Panel at STA. 60.0. IAW STC #SA02930NY, verified the aircraft is on the STC AML listing.

b. Installed the Engine Sensors (1) Fuel Flow transducer P/N 610C-001, (1) Oil Pressure P/N 610C-024, (1) Vibration Sensor P/N 1000-004V, (1) Oil Temp/EGT/CHT probes I.A.W. Installation Manual DOCUMENT No. 070906.

3. AC43.13-1B Chapter 11 sections 8-17 pertaining to the installation on electrical harnesses and electrical loading

4. AC43.13-1B Chapter 10 section 2 pertaining to weight and balance.

5. AC43.13-1B Chapter 12 section 2 paragraphs 14a, 14b, 14c, 17 pertaining to the testing of installed equipment.

6. AC43.13-2B Chapter 2 paragraph 203 subparagraphs a, c, and f pertaining to the installation of racks.

7. Performed weight and balance calculations and documented in pilots operating handbook along with updates to aircraft equipment lists.

8. Magnetic compass checked on ground. Documented changes.

9. Antennas and other parts and materials installed, such as wiring , circuit breakers , clamps , doublers , shelves, and racks will be inspected for condition and security at annual or equivalent inspections in accordance with 14 CFR part 43 appendix D, FAA advisory circular 43.13-1B and or applicable manufactures service instructions.

-----END-----

☐ ADDITIONAL SHEETS ARE ATTACHED



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<br>N21087                            | Serial No.<br>28R-7837309                                               |                          |
|             | Make<br>PIPER                                                          | Model<br>PA-28R-210                                                     | Series                   |
| 2. Owner    | Name (As shown on registration certificate)<br>TEZAFUIC-SWANSON OLGA I | Address (As shown on registration certificate)<br>Address 304 DULMER DR |                          |
|             |                                                                        | City<br>NOKOMIS                                                         | State<br>FL              |
|             |                                                                        | Zip<br>34275-4133                                                       | Country<br>UNITED STATES |

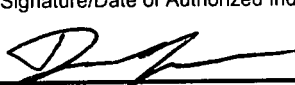
3. For FAA Use Only

| 4. Type                  |                          | 5. Unit Identification |              |                                |            |
|--------------------------|--------------------------|------------------------|--------------|--------------------------------|------------|
| Repair                   | Alteration               | Unit                   | Make         | Model                          | Serial No. |
| <input type="checkbox"/> | <input 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

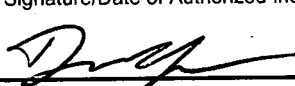
|                              |             |                                                                 |                    |
|------------------------------|-------------|-----------------------------------------------------------------|--------------------|
| A. Agency's Name and Address |             | B. Kind of Agency                                               |                    |
| Name<br>DEREK GENOVA         |             | <input checked="" type="checkbox"/> U. S. Certificated Mechanic | Manufacturer       |
| Address<br>522 SKYWAY STREET |             | <input type="checkbox"/> Foreign Certificated Mechanic          | C. Certificate No. |
| City<br>PUEBLO               | State<br>CO | <input type="checkbox"/> Certificated Repair Station            | 2650718            |
| Zip<br>81001                 | Country     | <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<br>per 14 CFR Part 43<br>App. B <input type="checkbox"/> | Signature/Date of Authorized Individual<br> 05/17/2011 |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                              |                                                                                                                                           |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Certificate or<br>Designation No.<br>2650718 | Signature/Date of Authorized Individual<br> 05/13/2011 |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|



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 the applicable airworthiness requirements.

N21087

8. Description of Work Accomplished

Nationality and Registration Mark

Date

INSTALLED AEROSPACE LOGIC INC. CO200K CLOCK IN ACCORDANCE WITH STC SA02825NY.

FOR INSTRUCTIONS FOR CONTINUED AIRWORTHINESS:

SEE FORM S200-ICA

----- END -----

[ ] Additional Sheets Are Attached





US Department  
of Transportation  
Federal Aviation  
Administration

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

Form Approved  
OMB No. 2120-0020  
11/30/2007

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<br>N21870                            | Serial No.<br>28R-7837309                                               |                       |
|             | Make<br>PIPER                                                          | Model<br>PA-28R-201                                                     | Series                |
| 2. Owner    | Name (As shown on registration certificate)<br>TEZAGUIC-SWANSON OLGA I | Address (As shown on registration certificate)<br>Address 304 DULMER DR |                       |
|             |                                                                        | City SARASOTA                                                           | State FL              |
|             |                                                                        | Zip 34275-4133                                                          | Country UNITED STATES |
|             |                                                                        |                                                                         |                       |

**3. For FAA Use Only**

| 4. Type                  |                          | 5. Unit Identification |              |                                |            |
|--------------------------|--------------------------|------------------------|--------------|--------------------------------|------------|
| Repair                   | Alteration               | Unit                   | Make         | Model                          | Serial No. |
| <input type="checkbox"/> | <input 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                                            |                    |
| Name DEREK GENOVA            |  | <input checked="" type="checkbox"/> U. S. Certified Mechanic | Manufacturer       |
| Address 522 SKYWAY STEET     |  | <input type="checkbox"/> Foreign Certified Mechanic          | C. Certificate No. |
| City PUEBLO State CO         |  | <input type="checkbox"/> Certified Repair Station            |                    |
| Zip 81001 Country U.S.       |  | <input type="checkbox"/> Certified Maintenance Organization  | 2650718            |

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<br>per 14 CFR Part 43<br>App. B <input type="checkbox"/> | Signature/Date of Authorized Individual<br> 10-09-2010 |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                              |                                                                                                                                           |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Certificate or<br>Designation No.<br>2650718 | Signature/Date of Authorized Individual<br> 10-09-2010 |
|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|

[illegible]

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 the applicable airworthiness requirements.

8. Description of Work Accomplished

N21870

10-09-2010

Nationality and Registration Mark

Date

REMOVED KLN 94 DME AND TRAY. INSTALLED AK-451 ELT IN ACCORDANCE WITH INSTALLATION AND OPERATON MANUAL DOCUMENT NO. IM-451 REV NC-4.1C. AND SUPPLIED BRACKETS, HARNESSSES, SWITCHES, AND ANTENNA. FOR INSTRUCTIONS FOR CONTINUED AIRWORTHYNESS SEE DOCUMENT NO. IM-451 APPENDIX B.

----- END -----

[ ] Additional Sheets Are Attached





US Department  
of Transportation  
Federal Aviation  
Administration

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

Form Approved  
OMB No. 2120-0020  
11/30/2007

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<br>N21870                            | Serial No.<br>28R-7837309 |                                                                         |
|             | Make<br>PIPER                                                          | Model<br>PA-28R-201       | Series                                                                  |
| 2. Owner    | Name (As shown on registration certificate)<br>TEZAGUIC-SWANSON OLGA I |                           | Address (As shown on registration certificate)<br>Address 304 DULMER DR |
|             |                                                                        |                           | City SARASOTA State FL                                                  |
|             |                                                                        |                           | Zip 34275-4133 Country UNITED STATES                                    |
|             |                                                                        |                           |                                                                         |

**3. For FAA Use Only**

| 4. Type                  |                          | 5. Unit Identification |              |                                |            |
|--------------------------|--------------------------|------------------------|--------------|--------------------------------|------------|
| Repair                   | Alteration               | Unit                   | Make         | Model                          | Serial No. |
| <input type="checkbox"/> | <input 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                                               |                    |
| Name                         | DEREK GENOVA       | <input checked="" type="checkbox"/> U. S. Certificated Mechanic | Manufacturer       |
| Address                      | 522 SKYWAY STREET  | <input type="checkbox"/> Foreign Certificated Mechanic          | C. Certificate No. |
| City                         | PUEBLO State CO    | <input type="checkbox"/> Certificated Repair Station            | 2650718            |
| Zip                          | 81001 Country U.S. | <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<br> 10-09-2010 |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|

**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 Flt. 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.<br>2650718 | Signature/Date of Authorized Individual<br> 10-09-2010 |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

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 the applicable airworthiness requirements.

8. Description of Work Accomplished

N21870

10-09-2010

Nationality and Registration Mark

Date

INSTALLED LP AEROPLASTICS LEFT AND RIGHT WINDSHIELDS AND LP AEROPLASTICS DOOR WINDOW WITH VENT IN ACCORDANCE WITH STC SA00395NY AND STC SA00047NY AND SUPPLIED INSTRUCTIONS. FOR INSTRUCTIONS FOR CONTINUED AIRWORTHINESS SEE REPORT NO. 905/COM AND REPORT NO. PA28/CON INSTRUCTIONS FOR CONTINUED AIRWORTHINESS.

----- END -----

[ ] Additional Sheets Are Attached

—

[illegible]



U.S. Department of  
Transportation  
Federal Aviation  
Administration

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

Form Approved  
OMB No. 2120-0020

For FAA Use Only

Office Identification

*NAAFSDA-03-014*

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 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. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act 1958)

|             |                                                                       |                                                                                                        |
|-------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 1. Aircraft | Make<br>Piper                                                         | Model<br>PA28R-201                                                                                     |
|             | Serial No.<br>28R-7837309                                             | Nationality and Registration Mark<br>USA N21870                                                        |
| 2. Owner    | Name (As shown on registration certificate)<br>Douglas H. Kirkpatrick | Address (As shown on registration certificate)<br>8720 Anglewood Ct<br>Colorado Springs, CO 80920-5347 |

3. For FAA Use Only

| 4. Unit Identification |                                |       |            | 5. Type |            |
|------------------------|--------------------------------|-------|------------|---------|------------|
| Unit                   | Make                           | Model | Serial No. | Repair  | Alteration |
| AIRFRAME               | (As described in item 1 above) |       |            |         | X          |
| POWERPLANT             |                                |       |            |         |            |
| PROPELLER              |                                |       |            |         |            |
| APPLIANCE              | Type                           |       |            |         |            |
|                        | Manufacturer                   |       |            |         |            |

6. Conformity Statement

|                                                            |                                                                                                                                                                                                                  |                    |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| A. Agency's Name and Address                               | B. Kind of Agency                                                                                                                                                                                                | C. Certificate No. |
| James A. Schwab<br>13695 Woodlake Road<br>Elbert, CO 80106 | <input checked="" type="checkbox"/> U.S. Certified Mechanic<br><input type="checkbox"/> Foreign Certified Mechanic<br><input type="checkbox"/> Certified Repair Station<br><input type="checkbox"/> Manufacturer | 268580933          |

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 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.

|                     |                                                                                 |
|---------------------|---------------------------------------------------------------------------------|
| Date<br>05 Jun 2001 | Signature of Authorized Individual<br><i>James A. Schwab</i><br>James A. Schwab |
|---------------------|---------------------------------------------------------------------------------|

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 the Administrator of the Federal Aviation Administration and is ☒ APPROVED ☐ REJECTED

|    |                             |                |   |                                                            |                 |
|----|-----------------------------|----------------|---|------------------------------------------------------------|-----------------|
| BY | FAA Fit Standards Inspector | Manufacturer   | X | Inspection Authorization                                   | Other (Specify) |
|    | FAA Designee                | Repair Station |   | Person Approved by Transport<br>Canada Airworthiness Group |                 |

|                                              |                                             |                                                                                 |
|----------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------|
| Date of Approval or Rejection<br>05 Jun 2001 | Certificate or Designation No.<br>268580933 | Signature of Authorized Individual<br><i>James A. Schwab</i><br>James A. Schwab |
|----------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------|

### 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 the applicable airworthiness requirements.*

#### 8. Description of Work Accomplished

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

USA N21870 05 Jun 2001

Installed "Wing-Ding" door stop in accordance with instructions contained in Supplemental Type Certificate Number SA1075S0.

\*\*\*\*\*Nothing Follows\*\*\*\*\*

☐ Additional Sheets Are Attached

DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

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

LBB FSDO  
AUG 18 2000

Form Approved  
Budget Bureau No. 04-R060.1

FOR FAA USE ONLY

OFFICE IDENTIFICATION

SW-FSDO-13

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.

|             |                                                                                                            |                                                                                                                |
|-------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 1. AIRCRAFT | MAKE<br><b>PIPER</b>                                                                                       | MODEL<br><b>PA-28R-201</b>                                                                                     |
|             | SERIAL NO.<br><b>28R 7837309</b>                                                                           | NATIONALITY AND REGISTRATION MARK<br><b>N 21870</b>                                                            |
| 2. OWNER    | NAME (As shown on registration certificate)<br><b>RETFORD K. ANDERSON</b><br><b>DOUGLAS S. WORTHINGTON</b> | ADDRESS (As shown on registration certificate)<br><b>1100 N. 19TH ST. SUITE 3D</b><br><b>ABILENE, TX 79601</b> |

3. FOR FAA USE ONLY

4. UNIT IDENTIFICATION

5. TYPE

| UNIT       | MAKE                                       | MODEL | SERIAL NO. | REPAIR | ALTERATION |
|------------|--------------------------------------------|-------|------------|--------|------------|
| AIRFRAME   | ***** (As described in item 1 above) ***** |       |            |        | X          |
| POWERPLANT |                                            |       |            |        |            |
| PROPELLER  |                                            |       |            |        |            |
| APPLIANCE  | TYPE                                       |       |            |        |            |
|            | MANUFACTURER                               |       |            |        |            |

6. CONFORMITY STATEMENT

|                                                                               |                                                                |                                |
|-------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------|
| A. AGENCY'S NAME AND ADDRESS                                                  | B. KIND OF AGENCY                                              | C. CERTIFICATE NO.             |
| <b>John Tweedie</b><br><b>2751 Airport Blvd.</b><br><b>Abilene, TX, 79602</b> | <input checked="" type="checkbox"/> U.S. CERTIFICATED MECHANIC | <b>A + P</b><br><b>2157869</b> |
|                                                                               | <input type="checkbox"/> FOREIGN CERTIFICATED MECHANIC         |                                |
|                                                                               | <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 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.

|                       |                                                              |
|-----------------------|--------------------------------------------------------------|
| DATE<br><b>8-5-00</b> | SIGNATURE OF AUTHORIZED INDIVIDUAL<br><b>John H. Tweedie</b> |
|-----------------------|--------------------------------------------------------------|

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 the Administrator of the Federal Aviation Administration and is ☒ APPROVED ☐ REJECTED

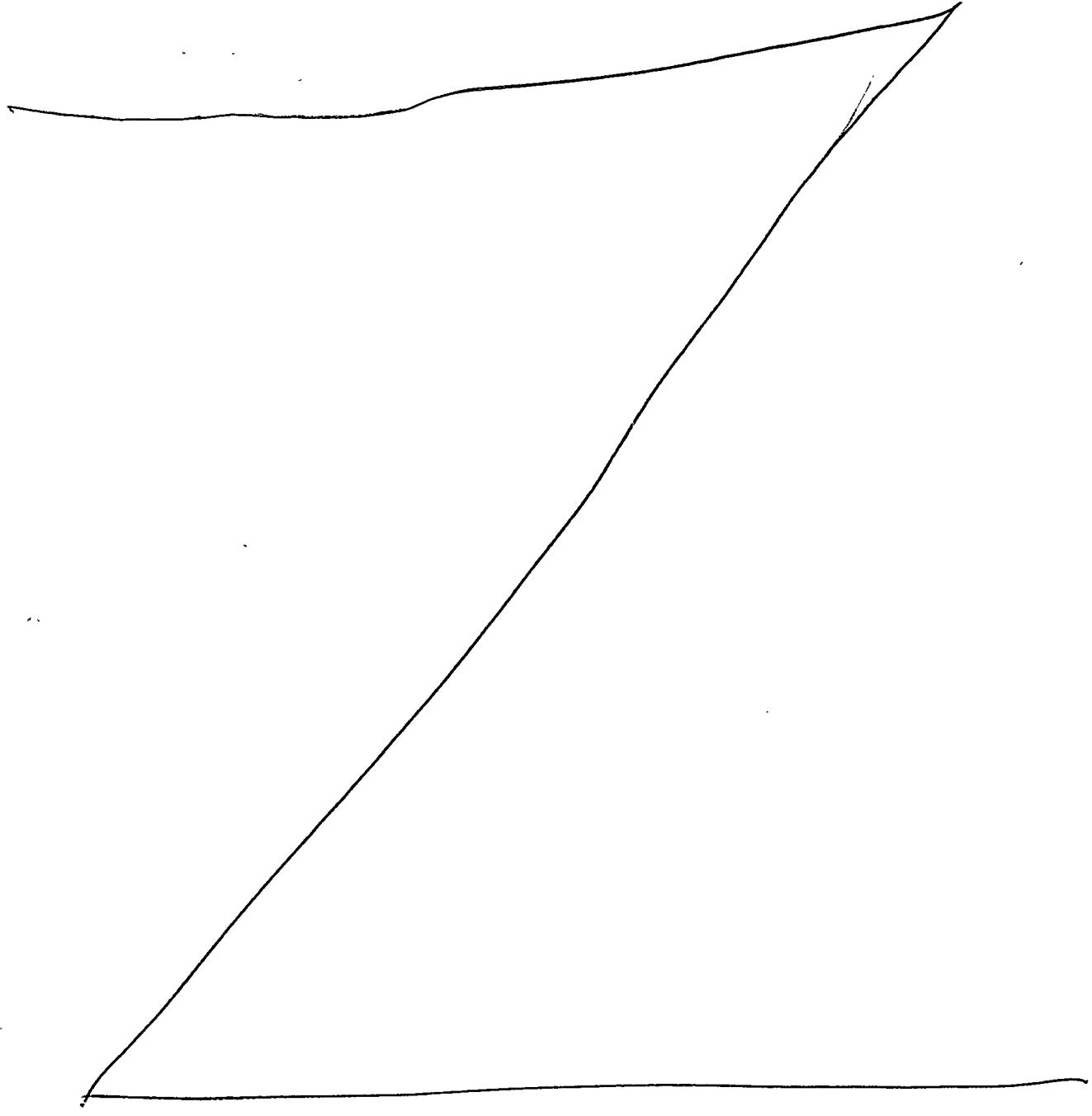
|                                                 |                              |                                                  |                                                              |                 |
|-------------------------------------------------|------------------------------|--------------------------------------------------|--------------------------------------------------------------|-----------------|
| BY                                              | FAA FLT. STANDARDS INSPECTOR | MANUFACTURER                                     | <input checked="" type="checkbox"/> INSPECTION AUTHORIZATION | OTHER (Specify) |
|                                                 | FAA DESIGNEE                 | REPAIR STATION                                   |                                                              |                 |
| DATE OF APPROVAL OR REJECTION<br><b>8-16-00</b> |                              | CERTIFICATE OR DESIGNATION NO.<br><b>2157869</b> | SIGNATURE OF AUTHORIZED INDIVIDUAL<br><b>John Tweedie</b>    |                 |

**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 the applicable airworthiness requirements.

8. DESCRIPTION OF WORK ACCOMPLISHED (If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

INSTALLED A BRACKET INDUCTION AIR FILTER model BA-105  
 per STC SA693CE WITH NO CHANGE IN WEIGHT  
 AND BALANCE NOTHING ELSE FOLLOWED



☐ ADDITIONAL SHEETS ARE ATTACHED

The information normally furnished in Section VIII is on file as part of the historical inspection record at Piper Aircraft Corporation.  
Current Airworthiness Certificate issued I/A/W FAR 21.183(a) PER 21.273

18 092578

Form Approved  
Budget Bureau No. 04-R0058

| DEPARTMENT OF TRANSPORTATION<br>FEDERAL AVIATION ADMINISTRATION<br>APPLICATION FOR AIRWORTHINESS CERTIFICATE                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | INSTRUCTIONS—Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use an attachment. For special flight permits complete Sections II and VI or VII as applicable. |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                |                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------|
| I. AIRCRAFT DESCRIPTION                                                                                                                                       | 1. REGISTRATION MARK<br>N21870                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2. AIRCRAFT BUILDER'S NAME (make)<br>Piper                                                                                                                                                                                                                                       | 3. AIRCRAFT MODEL DESIGNATION<br>PA-28R-201                                                              | 4. YR. MFG<br>78                                                                                                                                                                                                                       | FAA CODE NO.<br>7102816                                                        |                                                    |
|                                                                                                                                                               | 5. AIRCRAFT SERIAL NO.<br>28R-7837309                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6. ENGINE BUILDER'S NAME (make)<br>Lycoming                                                                                                                                                                                                                                      | 7. ENGINE MODEL DESIGNATION<br>IO-360-C1C6                                                               |                                                                                                                                                                                                                                        | 41515                                                                          |                                                    |
|                                                                                                                                                               | 8. NUMBER OF ENGINES<br>1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9. PROPELLER BUILDER'S NAME (make)<br>McCauley                                                                                                                                                                                                                                   | 10. PROPELLER MODEL DESIGNATION<br>B2D34C213                                                             | 11. AIRCRAFT IS:<br><input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> UTILITY <input type="checkbox"/> ACROBATIC <input type="checkbox"/> TRANSPORT <input type="checkbox"/> GLIDER <input type="checkbox"/> BALLOON |                                                                                |                                                    |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                |                                                    |
| II. CERTIFICATION REQUESTED                                                                                                                                   | APPLICATION IS HEREBY MADE FOR: (Check applicable items)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                |                                                    |
|                                                                                                                                                               | A 1 <input checked="" type="checkbox"/> STANDARD AIRWORTHINESS CERT. (Indicate category) <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> UTILITY <input type="checkbox"/> ACROBATIC <input type="checkbox"/> TRANSPORT <input type="checkbox"/> GLIDER <input type="checkbox"/> BALLOON                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                |                                                    |
|                                                                                                                                                               | B <input type="checkbox"/> SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                |                                                    |
|                                                                                                                                                               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LIMITED                                                                                                                                                                                                                                                                          | 1                                                                                                        | CLASS I                                                                                                                                                                                                                                |                                                                                |                                                    |
|                                                                                                                                                               | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PROVISIONAL (Indicate class)                                                                                                                                                                                                                                                     | 2                                                                                                        | CLASS II                                                                                                                                                                                                                               |                                                                                |                                                    |
|                                                                                                                                                               | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RESTRICTED (Indicate operation(s) to be conducted)                                                                                                                                                                                                                               | 1                                                                                                        | AGRICULTURE & PEST CONTROL                                                                                                                                                                                                             | 2                                                                              | AERIAL SURVEYING                                   |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                  | 4                                                                                                        | FOREST (Wild life conservation)                                                                                                                                                                                                        | 5                                                                              | PATROLLING                                         |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                  | 0                                                                                                        | OTHER (Specify)                                                                                                                                                                                                                        | 6                                                                              | WEATHER CONTROL                                    |
|                                                                                                                                                               | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EXPERIMENTAL (Indicate operation(s) to be conducted)                                                                                                                                                                                                                             | 1                                                                                                        | RESEARCH AND DEVELOPMENT                                                                                                                                                                                                               | 2                                                                              | AMATEUR BUILT                                      |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                  | 4                                                                                                        | RACING                                                                                                                                                                                                                                 | 5                                                                              | CREW TRAINING                                      |
| 8                                                                                                                                                             | SPECIAL FLIGHT PERMIT (Indicate operation to be conducted then complete Section VI or VII as applicable on reverse side)                                                                                                                                                                                                                                                                                                                                                                                                                     | 0                                                                                                                                                                                                                                                                                | TO SHOW COMPLIANCE WITH FAR                                                                              | 3                                                                                                                                                                                                                                      | EXHIBITION                                                                     |                                                    |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                                                                                                                                                                                                                                                                | FERRY FLIGHT FOR REPAIRS, ALTERATIONS, MAINTENANCE OR STORAGE                                            | 6                                                                                                                                                                                                                                      | MKT. SURVEY                                                                    |                                                    |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                                                                                                                                                                                                                                                                                | EVACUATE FROM AREA OF IMPENDING DANGER                                                                   |                                                                                                                                                                                                                                        |                                                                                |                                                    |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3                                                                                                                                                                                                                                                                                | OPERATION IN EXCESS OF MAX. CERTIFICATED TAKE-OFF WEIGHT                                                 |                                                                                                                                                                                                                                        |                                                                                |                                                    |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4                                                                                                                                                                                                                                                                                | DELIVERING OR EXPORT                                                                                     | 5                                                                                                                                                                                                                                      | PRODUCTION FLIGHT TESTING                                                      |                                                    |
| C <input checked="" type="checkbox"/> MULTIPLE AIRWORTHINESS CERTIFICATE (Check appropriate Restricted Operation and Standard or Limited as applicable above) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                |                                                    |
| III. OWNER'S CERTIFICATION                                                                                                                                    | A. REGISTERED OWNER (As shown on Certificate of Aircraft Registration) IF DEALER, CHECK HERE <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                |                                                    |
|                                                                                                                                                               | NAME<br>Piper Aircraft Corporation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                  | ADDRESS<br>P.O. Box 1328, Vero Beach, Fla. 32960                                                         |                                                                                                                                                                                                                                        |                                                                                |                                                    |
|                                                                                                                                                               | B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                |                                                    |
|                                                                                                                                                               | AIRCRAFT SPECIFICATION OR TYPE CERTIFICATION DATA SHEET (Give No. and Revision No.)<br>2A13 Rev. 35                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                  | AIRWORTHINESS DIRECTIVES (Check if all applicable AD's complied with and give latest AD No.)<br>78-15-02 |                                                                                                                                                                                                                                        |                                                                                |                                                    |
|                                                                                                                                                               | AIRCRAFT LISTING (Give page No.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                  | SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated)                                     |                                                                                                                                                                                                                                        |                                                                                |                                                    |
|                                                                                                                                                               | C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                |                                                    |
|                                                                                                                                                               | CHECK IF RECORDS IN COMPLIANCE WITH FAR 91.173<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                  | TOTAL AIRFRAME HOURS— <del>ENTER HERE</del><br>3.64                                                      |                                                                                                                                                                                                                                        | 3 EXPERIMENTAL ONLY—Enter hours flown since last certificate issued or renewed |                                                    |
|                                                                                                                                                               | D. CERTIFICATION—I hereby certify that I am the owner (or his agent) of the aircraft described above; that the aircraft is registered with the Federal Aviation Administration in accordance with Section 501 of the Federal Aviation Act of 1958, and applicable Federal Aviation Regulations; and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.                                                                                                                          |                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                |                                                    |
|                                                                                                                                                               | DATE OF APPLICATION<br>8/29/78                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                  | NAME AND TITLE (Print or type)<br>T.W. Reed, Jr. Agent                                                   |                                                                                                                                                                                                                                        | SIGNATURE<br><i>T.W. Reed, Jr.</i>                                             |                                                    |
|                                                                                                                                                               | IV. INSPECTION AGENCY VERIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete this section only if FAR 21.183 (d) applies)                                                                                                                                                |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                |                                                    |
| 2                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FAR PART 121 OR 127 CERTIFICATE HOLDER (Give Certificate No.)                                                                                                                                                                                                                    | 3                                                                                                        | CERTIFICATED MECHANIC (Give Certificate No.)                                                                                                                                                                                           | 6                                                                              | CERTIFICATED REPAIR STATION (Give Certificate No.) |
| 5                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AIRCRAFT MANUFACTURER (Give Name of Firm)                                                                                                                                                                                                                                        |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                |                                                    |
| DATE _____ TITLE _____ SIGNATURE _____                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                |                                                    |
| V. FAA REPRESENTATIVE CERTIFICATION                                                                                                                           | (Check ALL applicable blocks) I find that the aircraft described in Section I or VII meets the requirements for: <input checked="" type="checkbox"/> The certification requested, or <input type="checkbox"/> Amendment or modification of its current airworthiness certificate. Inspection for a special flight permit under Section VII was conducted by: <input type="checkbox"/> FAA Inspector; certificate holder under <input type="checkbox"/> FAR 65, <input type="checkbox"/> FAR 121 or 127, or <input type="checkbox"/> FAR 145. |                                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                                                                                                        |                                                                                |                                                    |
|                                                                                                                                                               | DATE<br>SEP 11 1978                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DISTRICT OFFICE<br>ASO-EMDO<br>7-0-43                                                                                                                                                                                                                                            | DESIGNEE'S SIGNATURE AND NO.<br><i>Leslie W. Smith</i><br>LESLIE W. SMITH DOA 80-1                       |                                                                                                                                                                                                                                        | FAA INSPECTOR'S SIGNATURE                                                      |                                                    |

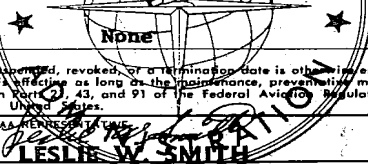
Typed by # 5

FAA AIRCRAFT REGISTRY  
CAMERA NO. 2N DATE: 4-29-83  
Typed by # 5  
[Faint, mostly illegible text follows, appearing to be a form or report with various fields and headings.]

UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION—FEDERAL AVIATION ADMINISTRATION  
**STANDARD AIRWORTHINESS CERTIFICATE**

|                                          |                           |                       |             |
|------------------------------------------|---------------------------|-----------------------|-------------|
| 1. NATIONALITY AND<br>REGISTRATION MARKS | 2. MANUFACTURER AND MODEL | 3. AIRCRAFT<br>NUMBER | 4. CATEGORY |
| N21870                                   | Piper PA-28R-201          | 28R-7837309           | Normal      |

5. AUTHORITY AND BASIS FOR ISSUANCE  
This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft, which issued hereon, has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex B to the Convention on International Civil Aviation, except as noted herein.  
Exceptions:



6. TERMS AND CONDITIONS  
Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventive maintenance, and alterations are performed in accordance with Parts 23, 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.

|                  |                    |                    |
|------------------|--------------------|--------------------|
| DATE OF ISSUANCE | FAA AUTHORITY LINE | DESIGNATION NUMBER |
| SEP 1 1 1978     | LESLIE W. SMITH    | DOA SO-1           |

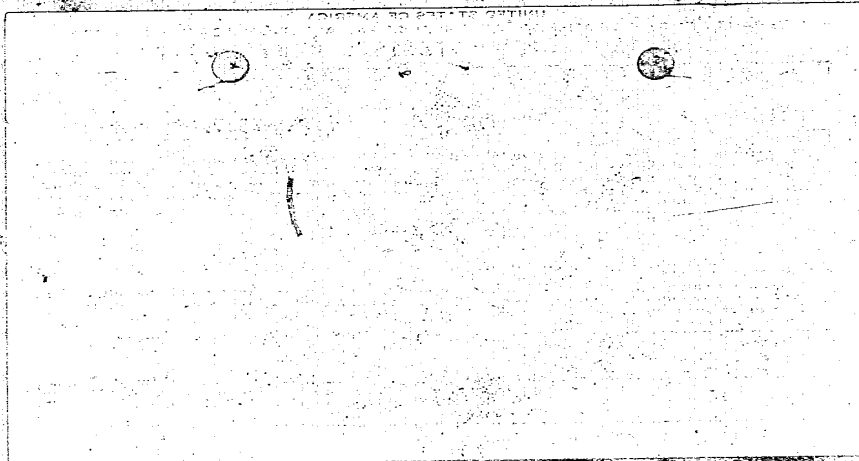
Any alteration, reproduction, or misuse of this certificate shall be punishable by a fine not exceeding \$1,000, or imprisonment not exceeding 3 years, or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.

FAA Form 8100-2 (7-67) FORMERLY FAA FORM 1362

U.S. Government Printing Office — 1978-575-528

FAA AIRCRAFT REGISTRY

CAMERA NO. 2N DATE: 4-29-83



4-29-83

SEP 26 1979

DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

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

Form Approved  
Budget Bureau No. 04-R060.1  
FOR FAA USE ONLY  
OFFICE IDENTIFICATION **BHM 7-02**

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.

|             |                                                                                                |                                                    |
|-------------|------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 1. AIRCRAFT | MAKE<br><b>PIPER</b>                                                                           | MODEL<br><b>PA28R-201</b>                          |
|             | SERIAL NO.<br><b>28R-7837309</b>                                                               | NATIONALITY AND REGISTRATION MARK<br><b>N21870</b> |
| 2. OWNER    | NAME (As shown on registration certificate)<br><b>AUBURN SCHOOL OF AVIATION</b>                |                                                    |
|             | ADDRESS (As shown on registration certificate)<br><b>700 AIRPORT ROAD<br/>AUBURN, AL 36830</b> |                                                    |

3. FOR FAA USE ONLY

| 4. UNIT IDENTIFICATION |                                |       |            | 5. TYPE |            |
|------------------------|--------------------------------|-------|------------|---------|------------|
| UNIT                   | MAKE                           | MODEL | SERIAL NO. | REPAIR  | ALTERATION |
| AIRFRAME               | (As described in item 1 above) |       |            |         | X          |
| POWERPLANT             |                                |       |            |         |            |
| PROPELLER              |                                |       |            |         |            |
| APPLIANCE              | TYPE                           |       |            |         |            |
|                        | MANUFACTURER                   |       |            |         |            |

6. CONFORMITY STATEMENT

|                                                                                                    |                                                                |                    |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------|
| A. AGENCY'S NAME AND ADDRESS                                                                       | B. KIND OF AGENCY                                              | C. CERTIFICATE NO. |
| <b>STEPHEN D. STANLEY</b><br>c/o AUBURN SCHOOL OF AVIATION<br>700 Airport Road<br>AUBURN, AL 36830 | <input checked="" type="checkbox"/> U.S. CERTIFICATED MECHANIC | <b>AP2116196</b>   |
|                                                                                                    | <input type="checkbox"/> FOREIGN CERTIFICATED MECHANIC         |                    |
|                                                                                                    | <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 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.

|                                  |                                                                 |
|----------------------------------|-----------------------------------------------------------------|
| DATE<br><b>19 September 1979</b> | SIGNATURE OF AUTHORIZED INDIVIDUAL<br><i>Stephen D. Stanley</i> |
|----------------------------------|-----------------------------------------------------------------|

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 the Administrator of the Federal Aviation Administration and is ☒ APPROVED ☐ REJECTED

|                                                           |                              |                                                     |                                     |                                                                 |                 |
|-----------------------------------------------------------|------------------------------|-----------------------------------------------------|-------------------------------------|-----------------------------------------------------------------|-----------------|
| BY                                                        | FAA FLT. STANDARDS INSPECTOR | MANUFACTURER                                        | <input checked="" type="checkbox"/> | INSPECTION AUTHORIZATION                                        | OTHER (Specify) |
|                                                           | FAA DESIGNEE                 | REPAIR STATION                                      |                                     | CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT          |                 |
| DATE OF APPROVAL OR REJECTION<br><b>19 September 1979</b> |                              | CERTIFICATE OR DESIGNATION NO.<br><b>IA 2116196</b> |                                     | SIGNATURE OF AUTHORIZED INDIVIDUAL<br><i>Stephen D. Stanley</i> |                 |

# 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 the applicable airworthiness requirements.

8. DESCRIPTION OF WORK ACCOMPLISHED (If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

Install Narco ELT-10 in aft fuselage utilizing existing mounting bracket at 236.2" (Piper p/n 99887-04) supplemented with a fabricated angle. Work done in accordance with AC43.13-1 & 2.

## REMOVED;

| ITEM                                                           | WT.  | ARM   | MOMENT |
|----------------------------------------------------------------|------|-------|--------|
| 275a Communications Antenna Components Corp ELT Antenna & Coax | -0.2 | 224.4 | -45    |

## INSTALLED;

|                              |        |       |          |
|------------------------------|--------|-------|----------|
| Narco ELT-10 & Mounting tray | -3.5   | 236.2 | 826.7    |
| Narco ELT-10 Antenna & Coax  | .2     | 224.4 | 45       |
| NET CHANGE                   | +3.5   |       | 826.7    |
| NEW BASIC EMPTY WEIGHT       | 1719.1 | 84.4  | 145021.3 |
| USEFUL LOAD                  | 1030.9 |       |          |

END

ADDITIONAL SHEETS ARE ATTACHED

JAN 22 1979

DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

Form Approved  
Budget Bureau No. 04-R060.1

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

FOR FAA USE ONLY  
OFFICE IDENTIFICATION  
BHM 7-02

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.

|             |                                                                         |                                                                                |
|-------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1. AIRCRAFT | MAKE<br><b>PIPER</b>                                                    | MODEL<br><b>PA28B-201</b>                                                      |
|             | SERIAL NO.<br><b>28R-7837309</b>                                        | NATIONALITY AND REGISTRATION MARK<br><b>N21870</b>                             |
| 2. OWNER    | NAME (As shown on registration certificate)<br><b>AUBURN UNIVERSITY</b> | ADDRESS (As shown on registration certificate)<br><b>Auburn, Alabama 36830</b> |

3. FOR FAA USE ONLY

| 4. UNIT IDENTIFICATION |                                            |       |            | 5. TYPE                             |            |
|------------------------|--------------------------------------------|-------|------------|-------------------------------------|------------|
| UNIT                   | MAKE                                       | MODEL | SERIAL NO. | REPAIR                              | ALTERATION |
| AIRFRAME               | ***** (As described in item 1 above) ***** |       |            | <input checked="" type="checkbox"/> |            |
| POWERPLANT             |                                            |       |            |                                     |            |
| PROPELLER              |                                            |       |            |                                     |            |
| APPLIANCE              | TYPE                                       |       |            |                                     |            |
|                        | MANUFACTURER                               |       |            |                                     |            |

6. CONFORMITY STATEMENT

|                                                                                                       |                                                                                                                                                                                                                                                |                                       |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| A. AGENCY'S NAME AND ADDRESS<br><b>Elro M. Scindler<br/>P.O. Box 628<br/>Millbrook, Alabama 36054</b> | B. KIND OF AGENCY<br><input checked="" type="checkbox"/> U.S. CERTIFICATED MECHANIC<br><input type="checkbox"/> FOREIGN CERTIFICATED MECHANIC<br><input type="checkbox"/> CERTIFICATED REPAIR STATION<br><input type="checkbox"/> MANUFACTURER | C. CERTIFICATE NO.<br><b>IA446462</b> |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|

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 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.

|                                 |                                                               |
|---------------------------------|---------------------------------------------------------------|
| DATE<br><b>January 19, 1979</b> | SIGNATURE OF AUTHORIZED INDIVIDUAL<br><i>Elro M. Scindler</i> |
|---------------------------------|---------------------------------------------------------------|

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 the Administrator of the Federal Aviation Administration and is ☒ APPROVED ☐ REJECTED

|                                                          |                              |                                                   |                                                                                                                        |                 |
|----------------------------------------------------------|------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------|
| BY                                                       | FAA FLT. STANDARDS INSPECTOR | MANUFACTURER                                      | <input checked="" type="checkbox"/> INSPECTION AUTHORIZATION<br>CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT | OTHER (Specify) |
|                                                          | FAA DESIGNEE                 | REPAIR STATION                                    |                                                                                                                        |                 |
| DATE OF APPROVAL OR REJECTION<br><b>January 19, 1979</b> |                              | CERTIFICATE OR DESIGNATION NO.<br><b>IA446462</b> | SIGNATURE OF AUTHORIZED INDIVIDUAL<br><i>Elro M. Scindler</i>                                                          |                 |

# 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 the applicable airworthiness requirements.

8. DESCRIPTION OF WORK ACCOMPLISHED (If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

Replaced leading edge skin on left wing from wing station 106.19 to 174.  
New skin P/N 35118-28 installed.

Work was done IAW AC43.13A-1A, Chapter 2, Section 3 and Piper Cherokee Maintenance Manual.

ADDITIONAL SHEETS ARE ATTACHED

DEC 20 1978

DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

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

Form Approved  
Budget Bureau No. 04-R060.1  
FOR FAA USE ONLY  
OFFICE IDENTIFICATION  
BHM 7-02

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.

|             |                                             |                                                |
|-------------|---------------------------------------------|------------------------------------------------|
| 1. AIRCRAFT | MAKE                                        | MODEL                                          |
|             | SERIAL NO.                                  | NATIONALITY AND REGISTRATION MARK              |
| 2. OWNER    | NAME (As shown on registration certificate) | ADDRESS (As shown on registration certificate) |
|             |                                             |                                                |

Piper Arrow III  
28R-7837309

PA-28R-201  
N21870  
Auburn University, Auburn, Al.

3. FOR FAA USE ONLY

| 4. UNIT IDENTIFICATION |                                            |       |            | 5. TYPE |            |
|------------------------|--------------------------------------------|-------|------------|---------|------------|
| UNIT                   | MAKE                                       | MODEL | SERIAL NO. | REPAIR  | ALTERATION |
| AIRFRAME               | ***** (As described in item 1 above) ***** |       |            |         | X          |
| POWERPLANT             |                                            |       |            |         |            |
| PROPELLER              |                                            |       |            |         |            |
| APPLIANCE              | TYPE                                       |       |            |         |            |
|                        | MANUFACTURER                               |       |            |         |            |

| 6. CONFORMITY STATEMENT                                      |                                                                 |
|--------------------------------------------------------------|-----------------------------------------------------------------|
| A. AGENCY'S NAME AND ADDRESS                                 | B. KIND OF AGENCY                                               |
| Montgomery Aviation<br>P. O. Box 92<br>Montgomery, Al. 36101 | <input type="checkbox"/> U.S. CERTIFICATED MECHANIC             |
|                                                              | <input type="checkbox"/> FOREIGN CERTIFICATED MECHANIC          |
|                                                              | <input checked="" type="checkbox"/> CERTIFICATED REPAIR STATION |
|                                                              | <input type="checkbox"/> MANUFACTURER                           |
| C. CERTIFICATE NO.<br>5370                                   |                                                                 |

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 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.

DATE: 12/15/78  
SIGNATURE OF AUTHORIZED INDIVIDUAL:  
James W. Adams 1601485

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 the Administrator of the Federal Aviation Administration and is ☒ APPROVED ☐ REJECTED

|                                         |                              |                                     |                                                               |                 |
|-----------------------------------------|------------------------------|-------------------------------------|---------------------------------------------------------------|-----------------|
| BY                                      | FAA FLT. STANDARDS INSPECTOR | MANUFACTURER                        | INSPECTION AUTHORIZATION                                      | OTHER (Specify) |
|                                         | FAA DESIGNEE                 | REPAIR STATION                      | CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT        |                 |
| DATE OF APPROVAL OR REJECTION: 12/15/78 |                              | CERTIFICATE OR DESIGNATION NO. 5370 | SIGNATURE OF AUTHORIZED INDIVIDUAL:<br>James W. Adams 1601485 |                 |

### 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 the applicable airworthiness requirements.

8. DESCRIPTION OF WORK ACCOMPLISHED (If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

#### INSTALLED THE FOLLOWING:

##### 1. Narco AR-500 Encoder S/N 17773

Encoder installed as per AC 43.13-1, section 7 and AC 43.13-2, chapter 2 and 3 in accordance with AC43.6. The static system tests required by FAR Part 91.170 have been performed.

Electrical load is within alternator capacity. The encoder altimeter has been tested and complies with applicable data supplied by the manufacturer. Compass checked and aircraft files corrected.

END

ADDITIONAL SHEETS ARE ATTACHED