



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 N76463	Serial No. 10895	
	Make Cessna	Model 140	Series
2. Owner	Name (As shown on registration certificate) Joseph M. O'Hara	Address (As shown on registration certificate)	
		Address	City
		Zip	

3. For FAA Use Only

The alteration/data identified herein complies with the applicable airworthiness requirements and is approved only for the above described aircraft subject to conformity inspection by a person authorized in 14 CFR, 43.7.

*Mark L. Pritchett* 7 Dec 15  
FAA INSPECTOR DATE  
**Mark L. Pritchett**

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input type="checkbox"/>	AIRFRAME	Cessna	(As described in Item 1 above)	10895
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

6. Conformity Statement

A. Agency's Name and Address		B. Kind of Agency		C. Certificate No.	
Name	[Redacted]	<input checked="" type="checkbox"/>	U. S. Certificated Mechanic	Manufacturer	
Address		<input type="checkbox"/>	Foreign Certificated Mechanic	[Redacted]	
City		<input type="checkbox"/>	Certificated Repair Station		
Zip		<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
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7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  Approved  Rejected

BY	FAA Ft. 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. [Redacted]	Signature/Date of Authorized Individual
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