

FS-16 UUL 1 9 1959

Form approved...  
Budget Bureau No. 41-R052.4

**U. S. DEPARTMENT OF COMMERCE  
CIVIL AERONAUTICS ADMINISTRATION**

**MAJOR REPAIR AND ALTERATION FORM (AIRFRAME, POWERPLANT, PROPELLER OR APPLIANCE)**

1. AIRCRAFT	MAKE Republic RC-3	MODEL RC-3	SERIAL NO. 600	NATIONALITY AND REGISTRATION MARK N6371K (Std)		
2. OWNER	NAME (First, middle, last) Marcus G. Good ADDRESS (Street and number, city, zone and State) 1628 G Rickenbacker Road Baltimore 21, Md.					
3. COMPLETE ONLY FOR UNIT REPAIRED AND/OR ALTERED. DESCRIBE WORK ACCOMPLISHED ON REVERSE IN ACCORDANCE WITH CIVIL AERONAUTICS MANUAL 18.						
	UNIT	MAKE	MODEL	SERIAL NO.	NATURE OF WORK (Check)	
					MAJOR REPAIR	MAJOR ALTERATION
a. AIRFRAME	***** (As described in item 1 above) *****				<input checked="" type="checkbox"/>	
b. POWERPLANT						
c. PROPELLER						
d. APPLIANCE	TYPE AND MANUFACTURER					
4. AIRCRAFT WEIGHT AND BALANCE DATA *AFTER the repairs and/or alterations described below were made.					This item must be completed by repair or alteration agency. However, in the case of a spare component, it will not be completed until such component is installed in an aircraft. At this time, it will be completed by the installing agency, if applicable.	
	CATEGORY	EMPTY WEIGHT (Pounds)*	EMPTY CENTER OF GRAVITY (Inches from datum)*	USEFUL LOAD (Pounds)*		
	Normal	2124	121.4	1026		
	Utility	2124	121.4	686		
5. CONFORMITY STATEMENT (Complete and check)						
a. AGENCY'S NAME AND ADDRESS A. Shovos New London, Pa.			b. KIND OF AGENCY <input checked="" type="checkbox"/> U. S. Certificated Mechanic. <input type="checkbox"/> Foreign Certificated Mechanic. <input type="checkbox"/> Certificated Repair Station. <input type="checkbox"/> Manufacturer. <input type="checkbox"/> (Check if repair or alteration was made under delegation option procedures.)		c. CERTIFICATE NO. ACP 24753-40	
d. I certify that the repair and/or alteration made to the unit(s) identified under item 3 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 18 of the U. S. Civil Air Regulations and that the information furnished herein is true and correct to the best of my knowledge.						
7-11-59 (Date repair and/or alteration completed)			<i>[Signature]</i> (Signature of authorized individual)			
6. APPROVAL FOR RETURN TO SERVICE (Check and complete appropriate items) Pursuant to the authority specified below the unit identified in item 3 was inspected in the manner prescribed by the Administrator and is:						
<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED		BY { <input type="checkbox"/> CAA Designee <input type="checkbox"/> CAA Aviation Safety Agent		<input type="checkbox"/> Manufacturer <input type="checkbox"/> Repair Station		<input type="checkbox"/> Canadian Department of Transport Inspector of Aircraft <input checked="" type="checkbox"/> Other (Specify) Inspection authorization
7-11-59 (Date of approval or rejection)		<i>[Signature]</i> ACP 24753-40 (Signature of authorized individual; title or identification number)				
7. TO BE COMPLETED ONLY BY CAA PERSONNEL						
a. <input type="checkbox"/> Forwarded for engineering comment <input type="checkbox"/> See attached memorandum						
b. <input checked="" type="checkbox"/> Accepted 7-16-59 (Date) <input type="checkbox"/> Reinspected (Date) <input type="checkbox"/> Spot Checked (Date)						
Reg. 1 NY ASDO 9 (CAA designation number)		<i>[Signature]</i> (Signature Aviation Safety Agent)				

**INSTRUCTIONS**

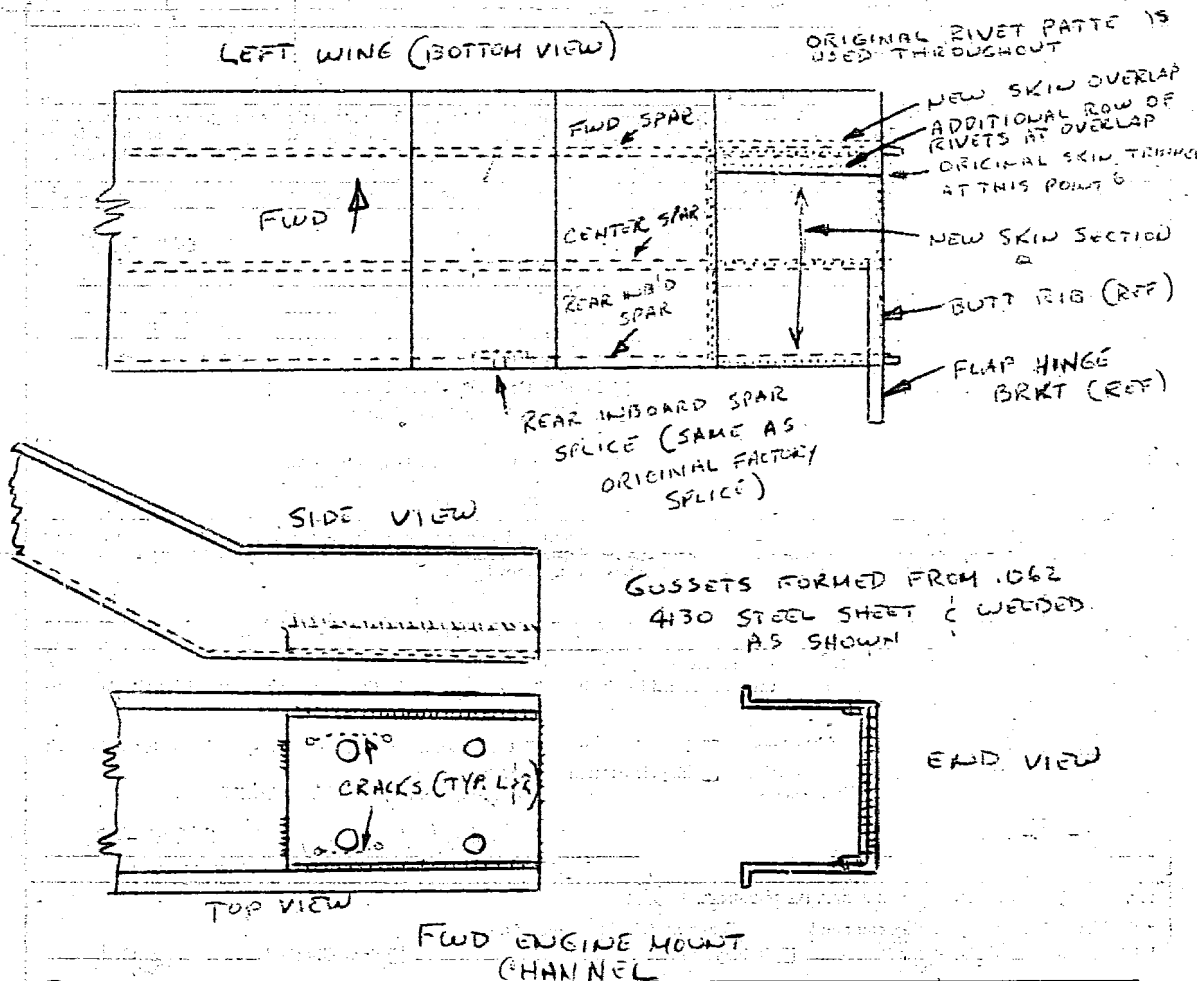
This form must be completed in duplicate each time a major repair and/or alteration is made of an aircraft, airframe, power-plant, propeller or appliance. After the repair and/or alteration has been inspected and item 6 completed, the original copy of this form will be made available to the aircraft owner for retention as part of the aircraft records. The duplicate copy is retained by the CAA for administrative purposes.

See CAM 18 for detailed instructions concerning the information to be furnished with this form and instructions concerning its preparation.

**8. DESCRIPTION OF WORK ACCOMPLISHED.**

1. Replaced left wing rear inboard spar P/N 1530.
2. Replaced left wing lower inboard skin section from front spar aft. (Ref: CAM 18 Fig. 4-20 (b))
3. Repaired left and right engine forward support channels as shown below.

All work performed in accordance with CAM 18 and manufacturer's specifications.



\*If additional space is needed attach additional sheets bearing aircraft nationality and registration mark and date work completed.  
 Check block if additional sheets are attached.