| U. S. DEPARTMENT OF COMMERCE Budget Bureau No. 41-R0524. CIVIL AERONAUTICS ADMINISTRATION  |   |                            |                        |                                |   |   |                             |               |                        |                     |  |
|--|---|----------------------------|------------------------|--------------------------------|---|---|-----------------------------|---------------|------------------------|---------------------|--|
| MAJOR REPAIR AND ALTERATION FORM (AIRFRAME, POWERPLANT, PROPELLER OR APPLIANCE)  |   |                            |                        |                                |   |   |                             |               |                        |                     |  |
| 1. AIRCRAFT  | MAKE  | en in the transfer and the | ~~                     |                                | DEL.  |   | SERIAL NO.                  |               |                        | D REGISTRATION MARK |  |
|  | (2E)  | irst, middle, last)        | SEABE                  | $\epsilon$ 1                   | <u>2                                    </u>  | ADDRES                                    | S (Street and number, city, | zone and Stat | <u>637</u>             | //                  |  |
| 2. OWNER   | MARIE (I                                    | irat, intouse, rosty       |                        |                                |   |   | HOOL LANE ,                 |               |                        | RBOR                |  |
| CHARLES STEWART TOWERS HUNTINGTON L. I. NEWYORK  |   |                            |                        |                                |   |   |                             |               |                        |                     |  |
| 3. COMPLETE ONLY FOR UNIT REPAIRED AND/OR ALTERED. DESCRIBE WORK ACCOMPLISHED ON REVERSE IN ACCORDANCE WITH CIVIL AERONAUTICS MANUAL 18.   |   |                            |                        |                                |   |   |                             |               |                        |                     |  |
|  |   |                            |                        |                                |   |   |                             |               | NATURE OF WORK (Check) |                     |  |
| TINU   |   |                            |                        |                                | MODEL   |   | SERJAL NO.                  | MAJOR         | REPAIR                 | MAJOR ALTERATION    |  |
| a. AIRFRAME  | RFRAME ************************************ |                            |                        | (As described in item I above) |   | •••••                                     | <u> </u>                    | X             |                        |                     |  |
| b. POWERPLANT  |   | •                          |                        |                                |   |   |                             |               |                        |                     |  |
| c. PROPELLER   |   |                            |                        |                                |   |   |                             |               | -                      |                     |  |
| d. APPLIANCE   | -   | TYPE AND MANUFACTURER      |                        |                                |   |   |                             | -             |                        | _                   |  |
| E. AFFLIANCE   |   |                            |                        |                                | ** * **   | 1.  |                             |               |                        |                     |  |
| 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 sparc 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   | CATEGORY                                    |                            | EMPTY WEIGHT (Pounds)* |                                |   | EMPTY CENTER OF GRAVITY (Inches from datu |                             |               |                        | UL LOAD (Pounds)*   |  |
| NORMAL   |   | 2124                       |                        |                                | 121,4 6   |   |                             | -             |                        | 1026                |  |
| UTILITY  |   | 2124                       |                        |                                | 121.4   |   |                             |               |                        | 686                 |  |
| 5. CONFORMITY STATEMENT (Complete and check)  a. AGENCY'S NAME AND ADDRESS  b. KIND OF AGENCY  |   |                            |                        |                                |   |   |                             | 1             | ERTIFICAT              | FND Y               |  |
| Bernan L Kreuter<br>37 Shelter Lane<br>Levillown, N.Y.   |   |                            |                        |                                | ✓ U. S. Certificated Mechanic.  ☐ Foreign Certificated Mechanic ☐ Certificated Repair Station. ☐ Manufacturer. ☐ (Check if repair or alteration was made under delegation option procedures.) |   |                             |               |                        |                     |  |
| 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.  Way 8 1955          |   |                            |                        |                                |   |   |                             |               |                        |                     |  |
| (Date repair and/or alteration completed) (Signature of authorized individual)   |   |                            |                        |                                |   |   |                             |               |                        |                     |  |
| 6. APPROVAL FOR RETURN TO SERVICE (Cheek 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   |   |                            |                        |                                |   |   |                             |               |                        |                     |  |
|  |   |                            |                        |                                |   |   |                             |               |                        |                     |  |
| 5/8/55 (Date of approval or rejection)  (Signature of authorized individual; title or identification number)   |   |                            |                        |                                |   |   |                             |               |                        |                     |  |
| 7. TO BE COMPLETED ONLY BY CAA PERSONNEL   |   |                            |                        |                                |   |   |                             |               |                        |                     |  |
| a   Forwarded for engineering comment   See attached memorandum   b.   Accepted   S - /2 - 5   |   |                            |                        |                                |   |   |                             |               |                        |                     |  |
| (CAA designation number) (Signature Aviance Safety Agent)  |   |                            |                        |                                |   |   |                             |               |                        |                     |  |
| 1654010-4  |   |                            |                        |                                |   |   |                             | 17 11 E       | FPhFC                  | orm ACA-337 (4-52)  |  |

## INSTRUCTIONS

This form must be completed in duplicate each time a major repair and/or alteration is made of an aircraft, airframe, powerplant, propeller or appliance. After the repair and/or alteration has been inspected and item 3 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. Repair to haver Rudder hinge fitting.

9. all denal parts replaced with stocks steel

5. Resets replaced with balts.

6. New reedow stops, part of hinge fiting mour of stainless steel.

5. all work accomplished by Juman of all work accomplished by Juman of Garcieft & Eng. C. as per O.A.M. 15.

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<sup>\*</sup>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.