

U. S. DEPARTMENT OF COMMERCE  
CIVIL AERONAUTICS ADMINISTRATION

Form approved.  
Budget Bureau No. 41-R0524.

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

|  |  |  |  |  |
|--|--|--|--|--|
| 1. AIRCRAFT  | MAKE<br><u>Republic</u>                            | MODEL<br><u>44-3</u>   | SERIAL NO.<br><u>765</u>   | NATIONALITY AND REGISTRATION MARK<br><u>N4439E</u>         |
| 2. OWNER   | NAME (First, middle, last)<br><u>John Zornjakt</u> |  | ADDRESS (Street and number, city, zone and State)<br><u>1642 Anthony Avenue<br/>Bronx 47, New York</u> |  |
| 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)<br>MAJOR REPAIR    MAJOR ALTERATION |
| a. AIRFRAME  | ***** (As described in Item 1 above) *****         |  |  |  |
| b. POWERPLANT  | <u>Franklin</u>                                    | <u>6A8-215B0P</u>  | <u>23601</u>   | <input checked="" type="checkbox"/>                        |
| c. PROPELLER   |  |  |  |  |
| d. APPLIANCE   | TYPE AND MANUFACTURER                              |  |  |  |
| 4. AIRCRAFT WEIGHT AND BALANCE DATA    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.<br>*AFTER the repairs and/or alterations described below were made.   |  |  |  |  |
| CATEGORY   | EMPTY WEIGHT (Pounds)*                             | EMPTY CENTER OF GRAVITY (Inches from datum)*   | USEFUL LOAD (Pounds)*  |  |
| <u>Normal</u>  | <u>1995.3</u>                                      | <u>103.5</u>   | <u>1164.2</u>  |  |
| 5. CONFORMITY STATEMENT (Complete and check)   |  |  |  |  |
| a. AGENCY'S NAME AND ADDRESS<br><u>Milton Kolber<br/>141-37 Union Turnpike<br/>Flushing 67, New York</u>   |  | 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.<br><input type="checkbox"/> (Check if repair or alteration was made under delegation option procedures.) |  | c. CERTIFICATE NO.<br><u>A&amp;P<br/>398762</u>            |
| 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.<br><u>December 1, 1960</u> <u>Milton Kolber</u><br>(Date repair and/or alteration completed)    (Signature of authorized individual) |  |  |  |  |
| 6. APPROVAL FOR RETURN TO SERVICE (Check and complete appropriate items)<br>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    BY <input type="checkbox"/> CAA Designee <input type="checkbox"/> Manufacturer <input type="checkbox"/> Canadian Department of Transport Inspector of Aircraft<br><input type="checkbox"/> REJECTED <input type="checkbox"/> CAA Aviation Safety Agent <input type="checkbox"/> Repair Station <input checked="" type="checkbox"/> Other (Specify) Inspection Authorization  |  |  |  |  |
| <u>December 1, 1960</u><br>(Date of approval or rejection)   |  | <u>James R. Blackle</u><br>(Signature of authorized individual, title of 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 <u>12-6-60</u> <input type="checkbox"/> Reinspected _____ <input type="checkbox"/> Spot Checked _____<br>(Date)    (Date)    (Date)  |  |  |  |  |
| <u>104-1-11</u><br>(CAA designation number)  |  | <u>M. Pool</u><br>(Signature Aviation Safety Agent)  |  |  |

JAN 11 1961

A. C.  
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**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:**

Installation of Harmor Oil Cooler Kit. The work accomplished is the removal of item 102 and installation of item 104. The net weight change is + 9 lbs. and C.G. location is unchanged.

OKLAHOMA CITY, OKLA.

Dec 13 12 26 PM '60

FAA  
RECORDS BRANCH

\*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.