

U. S. DEPARTMENT OF COMMERCE
CIVIL AERONAUTICS ADMINISTRATION

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

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

1. AIRCRAFT	MAKE <i>Bowlus BA100</i>	MODEL <i>Sailplane</i>	SERIAL NO. <i>154</i>	NATIONALITY AND REGISTRATION MARK <i>N22442</i>
2. OWNER	NAME (First, middle, last) <i>Leo P. Smaglinski</i>		ADDRESS (Street and number, city, zone and State) <i>943 Hovey Grand Rapids, Michigan</i>	

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) *****				
b. POWERPLANT					
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.
**AFTER the repairs and/or alterations described below were made.*

CATEGORY	EMPTY WEIGHT (Pounds)*	EMPTY CENTER OF GRAVITY (Inches from datum)*	USEFUL LOAD (Pounds)*
	<i>286</i>	<i>24.8</i>	<i>219</i>

5. CONFORMITY STATEMENT (Complete and check)

a. AGENCY'S NAME AND ADDRESS <i>Charles E Dear</i>	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. <i>472906</i>
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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.

May 23, 1955 (Date repair and/or alteration completed) *Charles E Dear 9+E 472906* (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

- APPROVED } BY { CAA Designee Manufacturer Canadian Department of Transport Inspector of Aircraft
 REJECTED } CAA Aviation Safety Agent Repair Station Other (Specify)

5-31-55
(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 (Date) Reinspected (Date) Spot Checked (Date)

KC-257-8
(CAA designation number)

Roy Williams
(Signature Aviation Safety Agent)