

U. S. DEPARTMENT OF COMMERCE  
CIVIL AERONAUTICS ADMINISTRATION

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

FOR REPAIR AND ALTERATION FORM (AIRFRAME, POWERPLANT, PROPELLER OR APPLIANCE) 60

1. AIRCRAFT	MAKE <b>TAYLORCRAFT</b>	MODEL <b>BC-12D1</b>	SERIAL NO. <b>9930</b>	NATIONALITY AND REGISTRATION MARK <b>CF-ECB</b>
2. OWNER	NAME (First, middle, last) <b>JAMES D. WILLIAMS</b>		ADDRESS (Street and number, city, zone and State) <b>445 WENTWORTH STREET N HAMILTON, ONTARIO, CANADA</b>	

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) *****				X
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)*
<b>AIRPLANE</b>	<b>742.5</b>	<b>15.575</b>	<b>457.5</b>

5. CONFORMITY STATEMENT (Complete and check)

a. AGENCY'S NAME AND ADDRESS <b>Frank Perrino William E. Martin Flying Service Concord, New Hampshire</b>	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. <b>M-11382</b>
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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.

October 28, 1952

(Date repair and/or alteration completed)

Frank Perrino

(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)

10-28-52

(Date of approval or rejection)

Frank Perrino

(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 10-28-52 (Date)    Spot Checked \_\_\_\_\_ (Date)

1-579M-14

(CAA designation number)

Jack A Smith

(Signature Aviation Safety Agent)