

US Department  
of Transportation  
Federal Aviation  
Administration

## MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No. 2120-0020

For FAA Use Only

Office Identification

**INSTRUCTIONS:** Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This form is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act of 1958).

<b>1. Aircraft</b>	Make <b>Cessna</b>	Model <b>172N</b>
	Serial No. <b>17268992</b>	Nationality and Registration Mark <b>N734NK</b>
<b>2. Owner</b>	Name (As shown on registration certificate) <b>DAVE SIMPSON AVIATION, INC</b>	Address (As shown on registration certificate) <b>17215 REGALO LANE SAN DIEGO, CA 92128</b>

3. For FAA Use Only

4. Unit Identification				5. Type	
Unit	Make	Model	Serial No.	Repair	Alteration
AIRFRAME	***** (As described in item 1 above) *****				X
POWERPLANT					
PROPELLER					
APPLIANCE	Type				
	Manufacturer				

### 6. Conformity Statement

<b>A. Agency's Name and Address</b> <b>INSTRUMENT OVERHAUL SERVICE</b> <b>8/26/20161981 N MARSHALL AVE</b> <b>EL CAJON, CA 92020</b>	<b>B. Kind of Agency</b> <input type="checkbox"/> U.S. Certificated Mechanic <input type="checkbox"/> Foreign Certificated Mechanic <input checked="" type="checkbox"/> Certificated Repair Station <input type="checkbox"/> Manufacturer	<b>C. Certificate No.</b> <b>CB3R417L</b> <b>INST CLASS I-IV</b> <b>LIMITED AIRFRAME</b> <b>RADIO CLASS I-III</b>
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**D.** I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Date <b>05-30-2017</b>	Signature of Authorized Individual 
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### 7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  **APPROVED**  **REJECTED**

<b>BY</b>	FAA Fit. Standards Inspector		Manufacturer	Inspection Authorization	Other (Specify)
	FAA Designee	<input checked="" type="checkbox"/>	Repair Station	Person Approved by Transport Canadian Airworthiness Group	
Date of Approval or Rejection <b>5/30/2017</b>			Certificate or Designation No. <b>CB3R417L</b>	Signature of Authorized Individual 	

## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

**INSTALLED GARMIN GTX330ES TRANSPONDER IN PLACE OF REMOVED TRANSPONDER.**

**INSTALLATION ACCOMPLISHED IN ACCORDANCE WITH GARMIN INSTALLATION MANUAL # 190-00734-10 REV 8 SEPT 2016 AND STC SA01714WI . THE CESSNA 172N IS INCLUDED IN THE AML FOR THIS STC.**

**INTERFACED WITH EXISTING ANTENNA AND ALTITUDE ENCODER ACCORDING TO ABOVE MENTIONED MANUAL. INTERFACED AUDIO TO EXISTING AUDIO PANEL. INTERFACED TO EXISTING GTN 650 AS APPROVED ADS-B WAAS GPS SOURCE .**

**ALL WORK DONE WITH REFERENCE TO AC 43.13-1B CHAPTERS 7,10, 11 AND 12. AND AC 43.13-2B CHAPTER 2.**

**ELECTRICAL LOAD TEST DONE. TOTAL LOAD DOES NOT EXCEED 80% OF AIRCRAFT GENERATING SYSTEM CAPACITY.**

**PERFORMED CONFIGURATION AND OPERATIONAL TESTS ACCORDING TO THE MFG INSTALL MANUAL. ALL FUNCTIONS OPERATED NORMALLY.**

**TESTS AND INSPECTIONS REQUIRED BY FAR 91.411 AND 91.413 PERFORMED .**

**AIRCRAFT WEIGHT AND BALANCE DATA CHANGE NEGLIGABLE.**

**THE OWNER OF THIS AIRCRAFT HAS BEEN ADVISED FOR CONTINUED AIRWORTHINESS REQUIREMENTS, THIS INSTALLATION MUST BE INSPECTED AT AN INTERVAL CONSISTANT WITH (14 CFR) PART 91.409 AND REFERING TO (14 CFR) PART 43 APPENDIX D AND IN ACCORDANCE WITH AC43.13-1B CHAPTER 12 SECTIONS 1 AND 2 WITH REGARD TO INSPECTION AND MAINTENANCE PRACTICES OF THE ABOVE INSTALLED EQUIPMENT. THE OWNER HAS BEEN GIVEN A COPY OF THE OPERATORS MANUAL FOR EACH PIECE OF EQUIPMENT INSTALLED.**

**THE GTX 330ES FAA APPROVED FLIGHT MANUAL SUPPLEMENT HAS BEEN GIVEN TO THE OWNER/OPERATOR OF THIS AIRCRAFT.**

**LOG ENTRY REFLECTING THIS INSTALLATION MADE THIS DATE.**

----- E N D -----





US Department of Transportation  
Federal Aviation Administration

**MAJOR REPAIR AND ALTERATION**  
**(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved OMB No. 2120-0020 2/28/2011 Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

1. Aircraft	Nationality and Registration Mark N734NK	Serial No. 17268982
	Make CESSNA	Model 172N
2. Owner	Name (As shown on registration certificate) DAVE SIMPSON AVIATION INC	Address (As shown on registration certificate) Address 17215 REGALO LN City SAN DIEGO State CA Zip 92128 Country USA

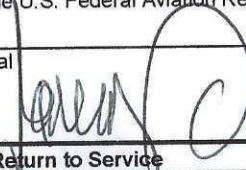
3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type Manufacturer		

6. Conformity Statement

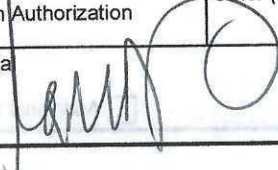
A. Agency's Name and Address		B. Kind of Agency		C. Certificate No.	
Name	FRANCISCO JIMENEZ JR (AEROMECHANIX)	<input checked="" type="checkbox"/>	U. S. Certificated Mechanic	Manufacturer	
Address	2450 MONTECITO ROAD HANGER G	<input type="checkbox"/>	Foreign Certificated Mechanic	AP3230538	
City	RAMONA State CA	<input type="checkbox"/>	Certificated Repair Station		
Zip	92065 Country USA	<input type="checkbox"/>	Certificated Maintenance Organization		

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual  12-03-2016
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7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  Approved  Rejected

BY	FAA Flt. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)
Certificate or Designation No. 3230538IA		Signature/Date of Authorized Individual  12-03-2016		

**NOTICE**

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

**8. Description of Work Accomplished**

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

N734NK  
Nationality and Registration Mark

12-03-2016  
Date

1. INSTALLED JPI TEMPERTURE MONITORING SYSTEM STC SA2586NM EGT-701 SERIES P/N EDM730 S/N 38990 I.A.W. INSTALLATION MANUAL REPORT 103 DATED 02/16/09 REV-E.
2. AIRCRAFT GROUND AND FLIGHT INSPECTION/TESTING SATISFACTORY.
3. WEIGHT AND BALANCE/ EQUIPMENT LIST UPDATED TO REFLECT CHANGES.

--INSTRUCTIONS FOR CONTINUED AIRWORTINESS--

THERE ARE NO FIELD ADJUSTMENTS AND OR CALIBRATION REQUIREMENTS FOR THE INSTRUMENT AFTER INITIAL INSTALLATION. ICA IS NOT REQUIRED. MAINTENANCE OF NON FUNCTIONING OR MALFUNCTIONING COMPONENTS IS LIMITED TO REMOVAL AND REPLACEMENT OF JPI FACTORY SUPPLIED NEW OR REPAIRED COMPONENTS AS DESCRIBED IN THE TROUBLESHOOTING SECTION OF THE INSTALLATION INSTRUCTIONS.

-----END-----

Additional Sheets Are Attached





US Department of Transportation  
Federal Aviation Administration

## MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No. 2120-0020  
2/28/2011

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

<b>1. Aircraft</b>	Nationality and Registration Mark <b>N734NK</b>	Serial No. <b>17268982</b>			
	Make <b>Cessna</b>	Model <b>172N</b>	Series <b>SKYhawk</b>		
<b>2. Owner</b>	Name (As shown on registration certificate) <b>Ramona Aviation LLC</b>		Address (As shown on registration certificate)		
			Address <b>17451 Highlander Road</b>		
			City <b>Ramona</b>	State <b>CA</b>	
			Zip <b>92065</b>	Country <b>USA</b>	

### 3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input type="checkbox"/>	AIRFRAME	_____	(As described in item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

### 6. Conformity Statement

A. Agency's Name and Address		B. Kind of Agency	
Name <b>Neal Aviation</b>	Address <b>1860 Joe Crosson Drive</b> City <b>El Cajon</b> State <b>CA</b> Zip <b>92020</b> Country <b>USA</b>	<input type="checkbox"/> U. S. Certificated Mechanic	<input type="checkbox"/> Manufacturer
		<input type="checkbox"/> Foreign Certificated Mechanic	C. Certificate No.
		<input checked="" type="checkbox"/> Certificated Repair Station	<b>NOER688Y</b>
		<input type="checkbox"/> Certificated Maintenance Organization	

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual <b>2/5/2015</b>
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### 7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  Approved  Rejected.

BY	FAA Fit. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport Other (Specify)
	FAA Designee <input checked="" type="checkbox"/>	Repair Station	Inspection Authorization	

Certificate or Designation No. <b>NOER688Y</b>	Signature/Date of Authorized Individual <b>2/5/2015</b>
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## NOTICE

*Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.*

### 8. Description of Work Accomplished

*(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)*

N734NK

February 5, 2015

Nationality and Registration Mark

Date

- 1A. Removed the existing Garmin GPS/NAV/COM GNS430 from the primary avionics radio stack.
- 1B. Replaced with a Garmin GTN650 Com/Nav/GPS WAAS which is located in the primary avionics radio stack Station 14.50.
2. The GTN 650 is a GPS/SBAS unit that meets the requirements of Technical Standard Order (TSO)-C146c and may be approved for IFR en route, terminal, oceanic, non-precision, and precision approach operations when installed in accordance with the instructions in the manuals referenced in the GTN AML STC. The GTN 650 also includes an airborne VHF communications transceiver and airborne VOR/localizer (LOC) and glideslope (G/S) receivers.
3. The GTN650 was installed into this aircraft under STC:SA02019SE-D as an approved aircraft model. The system was installed per Garmin GTN 6XX\_7XX Part 23 AML STC Installation Manual 190-01007-A3 Revision 8.
4. The GTN650 Interfaces with existing aircraft radios per the Installation Manual Instructions. The Installation manual provides detailed installation instructions and wiring diagrams, see below.
5. The owner of this aircraft has been advised of Continued Airworthiness Requirements, Inspection and Maintenance for this installation. Inspections at an interval consistent with (CFR 14) Part 91.409 and referring to (14 CFR) Part 43 Appendix D in accordance with AC43.13-1B, Ch12 Sections 1 and 2 with regard to inspection and maintenance practices of the above installed equipment. The GTN unit, switches, and wiring harnesses should be visually inspected to ensure continued integrity of the installation every 12 calendar months. These items must be inspected in accordance with Section 4.4 of the Maintenance Manual. Maintenance of the GTN650 is "On Condition" only. Periodic maintenance of the GTN650 is not required. The Airworthiness Limitations section of the maintenance manual is FAA approved and specifies maintenance required under §43.16.
6. An electrical Load analysis was performed and found that the net electrical load is unchanged and maximum electrical load requirements did not exceed 80% of the generating capacity of the electrical charging.
7. An entry in the aircraft logbook referencing this FAA form 337 has been made in compliance with FAR 43.9. pertinent details of this alteration are on file at this agency under work order 1897-02-2015
8. Aircraft equipment list, weights and balance amended. Compass compensation checked and found to conform to applicable regulations.

#### Reference Documentation:

Garmin AFMS for the Garmin GTN 6XX\_7XX GPS\_SBAS Navigation 190-01007-A2 Revision 4  
Garmin GTN 6XX\_7XX Part 23 AML STC Installation Manual 190-01007-A3 Revision 8  
Garmin Equipment List GTN 6XX\_7XX Part 23 AML STC 005-00533-C1 Revision 11  
Garmin System Maintenance Manual GTN 6XX\_7XX Part 23 AML STC 190-01007-A1 Revision 7  
Garmin Master Drawing List 005-00533-C0 Revision 12 Nov 2014  
Garmin GTN 6XX\_7XX Installation Checklist 190-01007-E1 Revision 7  
FAA AC43.13-1B - Acceptable Methods, Techniques, and Practices - Aircraft Inspection and Repair [Large AC. This includes Change 1.] dated Sept 1998  
FAA AC43.13-2B - Acceptable Methods, Techniques, and Practices - Aircraft Alterations dated March 2008  
FAA AC20-138C Airworthiness Approval of Positioning and Navigation Systems dated May 2012  
FAA AC20-67 Airborne VHF Communication Equipment Installations dated January 1986

Additional Sheets Are Attached





**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

OMB No. 2120-0020  
Exp: 5/31/2018

Electronic Tracking Number  
For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

1. Aircraft	Nationality and Registration Mark N734NK	Serial No. 17268982
	Make CESSNA	Model 172N
2. Owner	Name (As shown on registration certificate) PIRATE AVIATION, LLC	Address (As shown on registration certificate) Address 1985 N MARSHALL AVE #103
		City EL CAJON State CA Zip 92020 Country USA

**3. For FAA Use Only**

COPY

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	AIRFRAME	CESSNA	(As described in Item 1 above)	17268982
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

**6. Conformity Statement**

A. Agency's Name and Address		B. Kind of Agency		C. Certificate No. <b>A&amp;P 3686862 IA</b>
Name	JASON BOUTWELL	<input checked="" type="checkbox"/>	U. S. Certificated Mechanic	
Address	11417 BOOTES ST	<input type="checkbox"/>	Foreign Certificated Mechanic	
City	SAN DIEGO State CA	<input type="checkbox"/>	Certificated Repair Station	
Zip	92126 Country USA	<input type="checkbox"/>	Certificated Maintenance Organization	

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual
--	---

**7. Approval for Return to Service**

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  Approved  Rejected

BY	FAA Flt. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)

Certificate or Designation No. <b>A&amp;P 3689862 IA</b>	Signature/Date of Authorized Individual
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NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

N734NK

06/20/16

Nationality and Registration Mark

Date

- 1.) Removed original seat-stops.
- 2.) Installed "SAF-T-STOP" seat stops on both rear/inboard seat rails in accordance with STC# SA1196GL.
- 3.) Installed placard (P/N 8601) in accordance with Aero Technologies installation instructions.
- 4.) Flight manual supplement added to flight manual.

COPY

Additional Sheets Are Attached





US Department  
of Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION**  
**(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

1. Aircraft	Nationality and Registration Mark N734NK	Serial No. 17268982	
	Make CESSNA	Model 172	Series N
2. Owner	Name (As shown on registration certificate) CULLEN JOHN P	Address (As shown on registration certificate) Address 11 WARNER ST	
		City GREENVILLE State SC	Zip 29605 Country USA

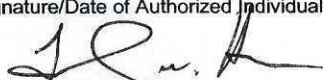
**3. For FAA Use Only**

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

**6. Conformity Statement**

A. Agency's Name and Address		B. Kind of Agency		C. Certificate No.  5619920478AP
Name	TED W HANES	<input checked="" type="checkbox"/>	U. S. Certificated Mechanic	
Address	93 CAMPBELL CHAPEL RD	<input type="checkbox"/>	Foreign Certificated Mechanic	
City	GRAY COURT State SC	<input type="checkbox"/>	Certificated Repair Station	
Zip	29645 Country USA	<input type="checkbox"/>	Certificated Maintenance Organization	

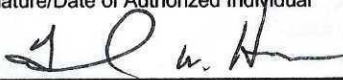
D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual  2-11-09
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**7. Approval for Return to Service**

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  Approved  Rejected

BY	FAA Fit. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	

Certificate or Designation No. 561920478IA	Signature/Date of Authorized Individual  2-11-09
---	--

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

N734NK

2-11-09

8. Description of Work Accomplished

Nationality and Registration Mark

Date

INSTALLED AIR PLAINS SERVICES CORP. 180 HP CONVERSION ( STC# SA4428SW AND SA2196CE)  
INSTALLATION DONE IAW SUPPLIED INSTRUCTION MANUAL, DOC # 1722500-1. WEIGHT AND BALANCE  
RECORDS AMMENDED.

----- END -----

[ ] Additional Sheets Are Attached





US Department of Transportation  
Federal Aviation Administration

## MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)

Form Approved OMB No. 2120-0020 11/30/2007 Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

<b>1. Aircraft</b>	Nationality and Registration Mark N734NK	Serial No. 17268982	
	Make CESSNA	Model 172	Series N
<b>2. Owner</b>	Name (As shown on registration certificate) CULLEN JOHN P	Address (As shown on registration certificate) Address 11 WARNER ST	
		City GREENVILLE	State SC
		Zip 29605	Country USA

### 3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

### 6. Conformity Statement

A. Agency's Name and Address		B. Kind of Agency		C. Certificate No.  5619920478AP
Name	TED W HANES	<input checked="" type="checkbox"/>	U. S. Certificated Mechanic	
Address	93 CAMPBELL CHAPEL RD	<input type="checkbox"/>	Foreign Certificated Mechanic	
City	GRAY COURT State SC	<input type="checkbox"/>	Certificated Repair Station	
Zip	29645 Country USA	<input type="checkbox"/>	Certificated Maintenance Organization	

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual <i>J. W. Hanes</i> 2-11-09
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### 7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  Approved  Rejected

BY	FAA Ft. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)

Certificate or Designation No. 561920478IA	Signature/Date of Authorized Individual <i>J. W. Hanes</i> 2-11-09
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STAPLES

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. Description of Work Accomplished

N734NK

2-11-09

Nationality and Registration Mark Date

INSTALLED POWER FLOW SYSTEMS INC, EXHAUST SYSTEM (STC # SA01801AT) IAW SUPPLIED INSTRUCTION BOOKLET, REPORT # PFS-13250-00 REV F. DATED 5-21-07. WEIGHT AND BALANCE RECORDS AMMENDED.

----- END -----

[ ] Additional Sheets Are Attached





US Department  
of Transportation  
Federal Aviation  
Administration

## MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No. 2120-0020  
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<b>1. Aircraft</b>	Nationality and Registration Mark N734NK	Serial No. 17268982	
	Make CESSNA	Model 172	Series N
<b>2. Owner</b>	Name (As shown on registration certificate) CULLEN JOHN P	Address (As shown on registration certificate) Address 11 WARNER ST	
		City GREENVILLE	State SC
		Zip 29605	Country USA

### 3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

### 6. Conformity Statement

A. Agency's Name and Address		B. Kind of Agency		C. Certificate No.  5619920478AP
Name <u>TED W HANES</u>		<input checked="" type="checkbox"/> U. S. Certificated Mechanic	Manufacturer	
Address <u>93 CAMPBELL CHAPEL RD</u>		<input type="checkbox"/> Foreign Certificated Mechanic		
City <u>GREENVILLE</u> State <u>SC</u>		<input type="checkbox"/> Certificated Repair Station		
Zip <u>29607</u> Country <u>USA</u>		<input type="checkbox"/> Certificated Maintenance Organization		

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual 7-7-08
--	---

### 7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  Approved  Rejected

BY	FAA Flt. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)

Certificate or Designation No.	Signature/Date of Authorized Individual 7-7-08
--------------------------------	---

STAPLES

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. Description of Work Accomplished

N734NK

7-7-08

Nationality and Registration Mark

Date

INSTALLED ELECTRONIC INTERNATIONAL INC. FUEL FLOW INSTRUMENT PART #FP-5L (STC # SA00068SE) INSTALLED IAW SUPPLIED INSTALLATION INSTRUCTIONS P/N II0506931 REV. 1 DATED 7-2-02. WEIGHT AND BALANCE CHANGE NEGLIGIBLE.

----- END -----

[ ] Additional Sheets Are Attached





US Department  
of Transportation  
Federal Aviation  
Administration

## MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

<b>1. Aircraft</b>	Nationality and Registration Mark <b>N734NK</b>	Serial No. <b>17268982</b>	
	Make <b>CESSNA</b>	Model <b>172</b>	Series <b>N</b>
<b>2. Owner</b>	Name (As shown on registration certificate) <b>CULLEN JOHN P</b>	Address (As shown on registration certificate) Address <b>11 WARNER ST</b>	
		City <b>GREENVILLE</b> State <b>SC</b>	Zip <b>29605</b> Country <b>USA</b>

### 3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

### 6. Conformity Statement

A. Agency's Name and Address		B. Kind of Agency		C. Certificate No. <b>5619920478AP</b>
Name <b>TED W HANES</b>	Address <b>93 CAMPBELL CHAPEL RD</b> City <b>GRAY COURT</b> State <b>SC</b> Zip <b>29645</b> Country <b>USA</b>	<input checked="" type="checkbox"/> U. S. Certificated Mechanic	Manufacturer	
		<input type="checkbox"/> Foreign Certificated Mechanic		
		<input type="checkbox"/> Certificated Repair Station		
		<input type="checkbox"/> Certificated Maintenance Organization		

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual <b>2-11-09</b>
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### 7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  Approved  Rejected

BY	FAA Flt. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)

Certificate or Designation No. <b>561920478IA</b>	Signature/Date of Authorized Individual <b>2-11-09</b>
--	---

STAPLES

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

N734NK

2-11-09

8. Description of Work Accomplished

Nationality and Registration Mark      Date

INSTALLED AIR PLAINS SERVICES CORP. 180 HP CONVERSION ( STC# SA4428SW AND SA2196CE)  
INSTALLATION DONE IAW SUPPLIED INSTRUCTION MANUAL, DOC # 1722500-1. WEIGHT AND BALANCE  
RECORDS AMMENDED.

----- END -----

[ ] Additional Sheets Are Attached





**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved OMB No. 2120-0020 11/30/2007	Electronic Tracking Number
For FAA Use Only	

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

1. Aircraft	Nationality and Registration Mark N734NK	Serial No. 17268982	
	Make CESSNA	Model 172	Series N
2. Owner	Name (As shown on registration certificate) CULLEN JOHN P	Address (As shown on registration certificate) Address 11 WARNER ST	
		City GREENVILLE	State SC
		Zip 29605	Country USA

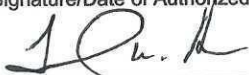
**3. For FAA Use Only**

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

**6. Conformity Statement**

A. Agency's Name and Address		B. Kind of Agency		C. Certificate No.  5619920478AP
Name	TED W HANES	<input checked="" type="checkbox"/>	U. S. Certificated Mechanic	
Address	93 CAMPBELL CHAPEL RD	<input type="checkbox"/>	Foreign Certificated Mechanic	
City	GRAY COURT State SC	<input type="checkbox"/>	Certificated Repair Station	
Zip	29645 Country USA	<input type="checkbox"/>	Certificated Maintenance Organization	


D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual  10-22-08
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**7. Approval for Return to Service**

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  Approved  Rejected

BY	FAA Fit. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)

Certificate or Designation No. 561920478IA	Signature/Date of Authorized Individual  10-22-08
---	---

STAPLES

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. Description of Work Accomplished

N734NK

~~10-22-08~~ 10-22-08

Nationality and Registration Mark

Date

REMOVED ORIGINAL FRESH AIR VENTS AND INSTALLED PLANE PLASTIC'S VENTUBE OVERHEAD FRESH AIR VALVES (STC #SA8150SW) IAW SOROS, INC. DRAWING LIST 100, REV. N, DATED 11-1-93. NO CHANGE TO WEIGHT AND BALANCE.

----- END -----

[ ] Additional Sheets Are Attached





## MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

<b>1. Aircraft</b>	Nationality and Registration Mark N734NK	Serial No. 17268982		
	Make CESSNA	Model 172	Series N	
<b>2. Owner</b>	Name (As shown on registration certificate) CULLEN JOHN P		Address (As shown on registration certificate) Address 11 WARNER ST	
			City GREENVILLE	State SC
			Zip 29605	Country USA

### 3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

### 6. Conformity Statement

<b>A. Agency's Name and Address</b> Name <u>TED HANES</u> Address <u>93 CAMPBELL CHAPEL RD</u> City <u>GRAY COURT</u> State <u>SC</u> Zip <u>29607</u> Country <u>USA</u>		<b>B. Kind of Agency</b> <input checked="" type="checkbox"/> U. S. Certificated Mechanic <input type="checkbox"/> Foreign Certificated Mechanic <input type="checkbox"/> Certificated Repair Station <input type="checkbox"/> Certificated Maintenance Organization	
		<b>C. Certificate No.</b> 5619920478AP	

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual 
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### 7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  Approved  Rejected

BY	FAA Flt. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)

Certificate or Designation No. 5619204781A	Signature/Date of Authorized Individual 
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STAPLES

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

N734NK

12-17-08

8. Description of Work Accomplished

Nationality and Registration Mark Date

INSTALLED KNOTS 2U, LTD. WHEEL AND BODY FAIRINGS ( STC # SA2381NM) IAW SUPPLIED  
INSTALLATION MANUAL NUMBER 172CBF, NO. CNGF-M AND NO. CMGF-M. THE FAIRINGS INCLUDE MAIN  
AND NOSE WHEEL FAIRINGS AND FAIRING LOCATED UNDER COWLING AND UNDER FORWARD  
FUSELAGE. WEIGHT AND BALANCE RECORDS AMMENDED.

----- END -----

[ ] Additional Sheets Are Attached





US Department  
of Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION  
(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

1. Aircraft	Nationality and Registration Mark N734NK	Serial No. 17268982	
	Make CESSNA	Model 172	Series N
2. Owner	Name (As shown on registration certificate) CULLEN JOHN P	Address (As shown on registration certificate) Address 11 WARNER ST	
		City GREENVILLE	State SC
		Zip 29605	Country USA

**3. For FAA Use Only**

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

**6. Conformity Statement**

A. Agency's Name and Address		B. Kind of Agency	
Name	TED HANES	<input checked="" type="checkbox"/> U. S. Certificated Mechanic	Manufacturer
Address	93 CAMPBELL CHAPEL RD	<input type="checkbox"/> Foreign Certificated Mechanic	C. Certificate No.
City	GRAY COURT State SC	<input type="checkbox"/> Certificated Repair Station	5619920478AP
Zip	29607 Country USA	<input type="checkbox"/> Certificated Maintenance Organization	

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual <i>J. Cullen</i> 12-18-08
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**7. Approval for Return to Service**

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  Approved  Rejected

BY	FAA Fit. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)

Certificate or Designation No. 561920478IA	Signature/Date of Authorized Individual <i>J. Cullen</i> 12-18-08
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STAPLES

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

8. Description of Work Accomplished

N734NK

12-17-08

Nationality and Registration Mark

Date

INSTALLED ASHBY GLARE SHIELD (ST01327LA) IAW SUPPLIED INSTRUCTION MANUAL NO. MDLOO1  
REV. C DATED 10-2-05. WEIGHT AND BALANCE RECORDS AMMENDED.

[ ] Additional Sheets Are Attached





US Department  
of Transportation  
Federal Aviation  
Administration

## MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

<b>1. Aircraft</b>	Nationality and Registration Mark N734NK	Serial No. 17268982	
	Make CESSNA	Model 172	Series N
<b>2. Owner</b>	Name (As shown on registration certificate) CULLEN JOHN P	Address (As shown on registration certificate) Address 11 WARNER ST	
		City GREENVILLE	State SC
		Zip 29605	Country USA

### 3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

### 6. Conformity Statement

A. Agency's Name and Address		B. Kind of Agency	
Name TED HANES	Address 93 CAMPBELL CHAPEL RD City GRAY COURT State SC Zip 29607 Country USA	<input checked="" type="checkbox"/> U. S. Certificated Mechanic	Manufacturer
		<input type="checkbox"/> Foreign Certificated Mechanic	C. Certificate No.
		<input type="checkbox"/> Certificated Repair Station	5619920478AP
		<input type="checkbox"/> Certificated Maintenance Organization	

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual 7-7-08
--	---

### 7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  Approved  Rejected

BY	FAA Flt. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)

Certificate or Designation No. 561920478IA	Signature/Date of Authorized Individual 7-7-08
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STAPLES

NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

N734NK

7-7-08

8. Description of Work Accomplished

Nationality and Registration Mark Date

REMOVED EXISTING AMMETER AND INSTALLED ELECTRONIC INTERNATIONAL INC. VOLT /AMP GAUGE (STC#SA2693NM) INSTALLED IAW SUPPLIED INSTALLATION INSTRUCTIONS P/N II040934 REV C DATED 2-24-92. WEIGHT AND BALANCE CHANGE NEGLIGIBLE.

----- END -----

[ ] Additional Sheets Are Attached





US Department of Transportation  
Federal Aviation Administration

## MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

<b>1. Aircraft</b>	Nationality and Registration Mark N734NK	Serial No. 17268982	
	Make CESSNA	Model 172N	Series
<b>2. Owner</b>	Name (As shown on registration certificate) DWT AVIATION LLC	Address (As shown on registration certificate) Address 204 COURTNEY CIR GREENVILLE SC 29617-8149	
		City _____ State _____	Zip _____ Country _____

### 3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME	_____	(As described in Item 1 above)	_____
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

### 6. Conformity Statement

A. Agency's Name and Address		B. Kind of Agency	
Name	TED W. HANES 110 HARRINGTON AVE GREENVILLE SC 29617-8149	<input checked="" type="checkbox"/>	U. S. Certificated Mechanic
Address	_____	<input type="checkbox"/>	Foreign Certificated Mechanic
City	_____ State _____	<input type="checkbox"/>	Certificated Repair Station
Zip	_____ Country _____	<input type="checkbox"/>	Certificated Maintenance Organization
		C. Certificate No. <b>561920478AP</b>	

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual 10-27-04
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### 7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  Approved  Rejected

BY	FAA Fit. Standards Inspector	Manufacturer	<input checked="" type="checkbox"/>	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input type="checkbox"/>	Inspection Authorization	Other (Specify)

Certificate or Designation No. 561920478IA	Signature/Date of Authorized Individual 10-27-04
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STAPLES







US Department of Transportation  
Federal Aviation Administration

## MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No. 2120-0020

**For FAA Use Only**

Office Identification

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act of 1958).

<b>1. Aircraft</b>	Make Cessna	Model 172
	Serial No. 17268982	Nationality and Registration Mark N 734NK
<b>2. Owner</b>	Name (As shown on registration certificate) J. Paul Bietler	Address (As shown on registration certificate) 181 W. Madison, #3900 Chicago, IL 60602

**3. For FAA Use Only**

(This section is reserved for FAA use only. Do not enter information here.)

4. Unit Identification				5. Type	
Unit	Make	Model	Serial No.	Repair	Alteration
AIRFRAME	~~~~~ (As described in Item 1 above) ~~~~~				x
POWERPLANT					
PROPELLER					
APPLIANCE	Type				
	Manufacturer				

**6. Conformity Statement**

<b>A. Agency's Name and Address</b> Joliet Avionics, Inc. DuPage Airport West Chicago, IL 60185	<b>B. Kind of Agency</b> <input type="checkbox"/> U.S. Certificated Mechanic <input type="checkbox"/> Foreign Certificated Mechanic <input checked="" type="checkbox"/> Certificated Repair Station <input type="checkbox"/> Manufacturer	<b>C. Certificate No.</b> Rating: Radio Class 1, 2, 3 NF2R029L
--	---	---

D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Date 11 June 1993	Signature of Authorized Individual Andrew R. Vrchota <i>Andrew R. Vrchota</i>
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**7. Approval for Return To Service**

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

BY	FAA Flt. Standards Inspector		Manufacturer	Inspection Authorization	Other (Specify)
	FAA Designee	x	Repair Station	Person Approved by Transport Canada Airworthiness Group	

Date of Approval or Rejection 11 June 1993	Certificate or Designation No. NF2R029L	Signature of Authorized Individual Andrew R. Vrchota <i>Andrew R. Vrchota</i>
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## NOTICE

Weight and balance or operating limitation changes shall be entered in the appropriate aircraft record. An alteration must be compatible with all previous alterations to assure continued conformity with the applicable airworthiness requirements.

### 8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

Removed Bendix/King KLN-88 Loran and Bendix/King KA-83 Loran Antenna.

Installed Bendix/King Model KLN-90 Global Positioning System in accordance with Bendix/King Manual #006-00666-00, Rev. 0 dated July 1992.

Installation was done using no steering information.

King Model KA-91 GPS Antenna has been installed at station 44.50" aft of datum on the top fuselage.

System has been placarded, "VFR ONLY". Note: Caution-The presently deployed GPS satellite constellation does not meet the coverage, availability, and integrity requirements for civil aircraft navigation equipment. Users are cautioned that satellite availability and accuracy are subject to change.

All work was done in accordance with AC43.13-1A Chapters 11, 13, 15 and AC43.13-2A Chapters 2 & 3 and AC20-130 and FAA Memorandum dated July 20, 1992 "Interim Guidance for Installation and Approval of Global Positioning System (GPS) Equipment in Aircraft".

Weight and Balance has been computed and entered in appropriate aircraft paperwork.

----- END -----

Additional Sheets Are Attached