



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	Serial No.	
	N8544H	31010	
2. Owner	Make	Model	Series
	Bellanca	17-31ATC	
2. Owner	Name (As shown on registration certificate)	Address (As shown on registration certificate)	
	Taylor David B	Address 10470 Grange Ave NE City Rockford State MI Zip 49341 Country USA	

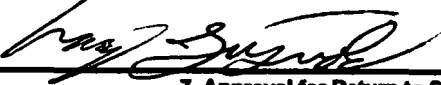
3. For FAA Use Only

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 checked="" type="checkbox"/>	POWERPLANT	Lycoming	IO-540-G1F5	L-8729-48
<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	Craig Griswold	<input checked="" type="checkbox"/> U. S. Certificated Mechanic	<input type="checkbox"/> Manufacturer
Address	1243 S Kalamazoo Ave Ste C	<input type="checkbox"/> Foreign Certificated Mechanic	C. Certificate No.
City	Marshall State MI	<input type="checkbox"/> Certificated Repair Station	
Zip	49068 Country USA	<input type="checkbox"/> Certificated Maintenance Organization	2730384


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
	 5/6/2019

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
2730384	 5/6/2019

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.)

N8544H

5/6/2019

Nationality and Registration Mark

Date

Inspected installation of the following STC modification:

General Aviation Modifications, Inc. turboGAMIjectors kit No: GLT20-6 S/N: 25724 IAW STC SE09445SC.

Confirmed that installation conformed with manufacturer's installation data. Copy of this FAA 337, ICA, STC, and aircraft Flight Manual Supplement placed with aircraft documents.

END

☐ Additional Sheets Are Attached



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

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

Electronic Tracking Number

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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 N8544H	Serial No. 31010	
	Make Bellanca	Model 17-31ATC	Series
2. Owner	Name (As shown on registration certificate) Taylor David B	Address (As shown on registration certificate) Address 10470 Grange Ave NE	
		City Rockford State MI	Zip 49341 Country USA

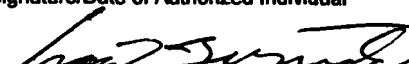
3. For FAA Use Only

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 Craig Griswold		<input checked="" type="checkbox"/> U. S. Certificated Mechanic	Manufacturer
Address 1243 S Kalamazoo Ave Ste C		<input type="checkbox"/> Foreign Certificated Mechanic	C. Certificate No.
City Marshall State MI		<input type="checkbox"/> Certificated Repair Station	
Zip 49068 Country USA		<input type="checkbox"/> Certificated Maintenance Organization	2730384

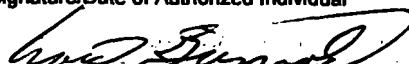
D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and 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  5/6/2019
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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. 2730384	Signature/Date of Authorized Individual  5/6/2019
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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.)

N8544H

5/6/2019

Nationality and Registration Mark

Date

Inspected installation of the following STC modifications:

Max Dim instrument panel light dimmer 9100-001-A IAW STC SA01800SE.

Steve's Aircraft gascolator SA3-10-A IAW STC SA01026SE.

Airwolf oil filter kit AFC-K007 IAW STC SA00024NY.

Confirmed that installations conformed with manufacturer's installation data. Copy of this FAA 337, ICA's, STC's, and aircraft Flight Manual Supplements placed with aircraft documents.

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 N8544H	Serial No. 31010		
	Make BELLANCA	Model 17-31ATC	Series	
2. Owner	Name (As shown on registration certificate) DAVID B. TAYLOR		Address (As shown on registration certificate) Address 10470 GRANGE AVE. NE	
			City ROCKFORD	State MI
			Zip 49341	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 EVANS AVIONICS LLC		U. S. Certificated Mechanic	
Address 1190-A AIRPORT ACCESS RD.		Foreign Certificated Mechanic	
City TRAVERSE CITY State MI		C. Certificate No.	
Zip 49686 Country USA		<input checked="" type="checkbox"/> Certificated Repair Station	
		<input type="checkbox"/> Certificated Maintenance Organization	
		E92R057X	

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 JA. 23RD. 2019
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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 <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected					
BY	FAA Fit. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport	
	FAA Designee X	Repair Station	Inspection Authorization	Other (Specify)	
Certificate or Designation No. E92R057X		Signature/Date of Authorized Individual JAN. 23RD, 2019 			

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.)

N8544H

01/23/2019

Nationality and Registration Mark

Date

All previous avionics equipment and Vacuum Gyro Instruments had been removed.

Inspected installation of following eqpt.: Garmin: GTN 750, GTN 650 (GI 106A), 2) G5's, GAD 29B, GMU 11, GMA 35, GTX 33, GDL 88, Flight Stream 210, GA 35 GPS Ant's, STEC System 50 A/P (existing) and all associated wiring.

Confirmed installation performed per Mfg's Dwg's and prints, AC 43.13-1B / 2B, Garmin STC's SA 02019SE-D (GTN / GMA units) SA 01714WI(GTX 33) SA02119SE (GDL 88), SA01818WI (G5's).

Aircraft to be weighed.

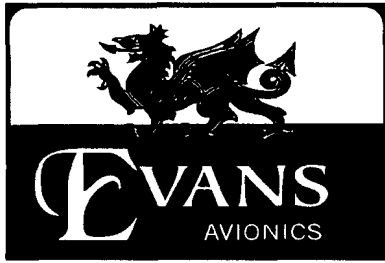
Copy of this FAA 337, ICA's, STC's, and Aircraft Flight Manual Supplements placed with acft. Doc's.

FAR 91.411/413 COMPLIED WITH.

Log book entry made referencing this installation, and FAA 337.

END

☐ Additional Sheets Are Attached



EVANS AVIONICS, L.L.C.

February 1, 2019

Federal Aviation Administration
Aircraft Registration Branch
P.O. Box 25504
Oklahoma City, OK 73125-0504

Re: N2115M & N8544H

Dear Sir/Madam:

Enclosed please find signed 337's for filing in the above stated aircrafts' permanent records. Aircraft log books and instrument panel plackets have been updated as required. Additionally, we have retained copies for our file.

If you have any questions, please do not hesitate to give me a call. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Mark R Evans/pie". The signature is written in a cursive, flowing style.

Mark R. Evans

Encl. (2)

DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION APPLICATION FOR AIRWORTHINESS CERTIFICATE				INSTRUCTIONS—Print or type. Do not write in shaded areas; these are for FAA use only. Submit original only to an authorized FAA Representative. If additional space is required, use an attachment. For special flight permits complete Sections II and VI or VII as applicable.				
I. AIRCRAFT DESCRIPTION	1. REGISTRATION MARK N8544H	2. AIRCRAFT BUILDER'S NAME (make) Bellanca	3. AIRCRAFT MODEL DESIGNATION 17-31ATC	4. YR. MFG. 1970	FAA CODING 1220437			
	5. AIRCRAFT SERIAL NO. 31010	6. ENGINE BUILDER'S NAME (make) Lycoming	7. ENGINE MODEL DESIGNATION IO-540-G1F5	41533				
	8. NUMBER OF ENGINES ONE	9. PROPELLER BUILDER'S NAME (make) Hartzell	10. PROPELLER MODEL DESIGNATION HC-C3YR -1	11. AIRCRAFT IS: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> IMPORT				
	APPLICATION IS HEREBY MADE FOR: (Check applicable items)							
II. CERTIFICATION REQUESTED	A	1	<input checked="" type="checkbox"/> STANDARD AIRWORTHINESS CERT. (Indicate category)	<input checked="" type="checkbox"/> NORMAL	<input type="checkbox"/> UTILITY	<input type="checkbox"/> ACROBATIC	<input type="checkbox"/> TRANSPORT	
	B	SPECIAL AIRWORTHINESS CERTIFICATE (Check appropriate items)						
	2	LIMITED						
	5	PROVISIONAL (Indicate class)	1	CLASS I				
	3	RESTRICTED (Indicate operation(s) to be conducted)	2	CLASS II				
	4	EXPERIMENTAL (Indicate operation(s) to be conducted)	1	AGRICULTURE & PEST CONTROL	2	AERIAL SURVEYING	3	AERIAL ADVERTISING
	8	SPECIAL FLIGHT PERMIT (Indicate operation to be conducted then complete Section VI or VII as applicable on reverse side)	4	FOREST (Wild life conservation)	5	PATROLLING	6	WEATHER CONTROL
	4	EXPERIMENTAL (Indicate operation(s) to be conducted)	0	OTHER (Specify)				
	8	SPECIAL FLIGHT PERMIT (Indicate operation to be conducted then complete Section VI or VII as applicable on reverse side)	1	RESEARCH AND DEVELOPMENT	2	AMATEUR BUILT	3	EXHIBITION
	8	SPECIAL FLIGHT PERMIT (Indicate operation to be conducted then complete Section VI or VII as applicable on reverse side)	0	RACING	5	CREW TRAINING	6	MKT. SURVEY
C	6	MULTIPLE AIRWORTHINESS CERTIFICATE (Check appropriate Restricted Operation and Standard or Limited as applicable above)						
III. OWNER'S CERTIFICATION	A. REGISTERED OWNER (As shown on Certificate of Aircraft Registration)		IF DEALER, CHECK HERE <input checked="" type="checkbox"/>					
	NAME Bellanca Aircraft Corporation		ADDRESS P.O. Box 624 Alexandria, Minnesota 56308					
	B. AIRCRAFT CERTIFICATION BASIS (Check applicable blocks and complete items as indicated)							
	<input checked="" type="checkbox"/> AIRCRAFT SPECIFICATION OR TYPE CERTIFICATION DATA SHEET (Give No. and Revision No.) A18CE Revision 1		<input checked="" type="checkbox"/> AIRWORTHINESS DIRECTIVES (Check if all applicable AD's complied with and give latest AD No.) 70-15-19					
	<input type="checkbox"/> AIRCRAFT LISTING (Give page No(s).) N/A		<input checked="" type="checkbox"/> SUPPLEMENTAL TYPE CERTIFICATE (List number of each STC incorporated) SA846SW, SA847SW					
	C. AIRCRAFT OPERATION AND MAINTENANCE RECORDS							
	<input checked="" type="checkbox"/> CHECK IF RECORDS IN COMPLIANCE WITH FAR 91.173		TOTAL AIRFRAME HOURS—Enter for used aircraft only N/A		3 EXPERIMENTAL ONLY—Enter hours flown since last certificate issued or renewal N/A			
	D. CERTIFICATION—I hereby certify that I am the owner (or his agent) of the aircraft described above; that the aircraft is registered with the Federal Aviation Administration in accordance with Section 501 of the Federal Aviation Act of 1958, and applicable Federal Aviation Regulations; and that the aircraft has been inspected and is airworthy and eligible for the airworthiness certificate requested.							
	DATE OF APPLICATION 8-4-70		NAME AND TITLE (Print or type) Bellanca Aircraft Corporation			SIGNATURE <i>[Signature]</i>		
	IV. INSPECTION AGENCY VERIFICATION	A. THE AIRCRAFT DESCRIBED ABOVE HAS BEEN INSPECTED AND FOUND AIRWORTHY BY: (Complete this section only if FAR 91.183 (d) applies)						
2		FAR PART 121 OR 127 CERTIFICATE HOLDER (Give Certificate No.)	3	CERTIFICATED MECHANIC (Give Certificate No.)	6	CERTIFICATED REPAIR STATION (Give Certificate No.)		
5		AIRCRAFT MANUFACTURER (Give Name of Firm)						
DATE _____ TITLE _____ SIGNATURE _____								
FAA REPRESENTATIVE CERTIFICATION	I have inspected the aircraft described in Item I or VII and find it meets the requirements for:							
	<input checked="" type="checkbox"/> A. STANDARD AIRWORTHINESS CERTIFICATE			<input type="checkbox"/> B. SPECIAL AIRWORTHINESS CERTIFICATE				
	<input type="checkbox"/> C. AMENDMENT OR MODIFICATION OF ITS CURRENT AIRWORTHINESS CERTIFICATE							
	DATE 8/11/70 8-70	DISTRICT OFFICE 600	DESIGNEE'S SIGNATURE AND NO. 4 <i>Albert E.</i> Albert E. Trone DMIR CE-16	FAA INSPECTOR'S SIGNATURE 1				

Punched by Operator #31

VI. PRODUCTION FLIGHT TESTING	A. MANUFACTURER		ADDRESS	
	NAME			
	B. PRODUCTION BASIS (Check applicable item)			
	<input type="checkbox"/> PRODUCTION CERTIFICATE (Give production certificate number) <input type="checkbox"/> TYPE CERTIFICATE ONLY <input type="checkbox"/> APPROVED PRODUCTION INSPECTION SYSTEM			
C. GIVE QUANTITY OF CERTIFICATES REQUIRED FOR OPERATING NEEDS:				
DATE OF APPLICATION		NAME AND TITLE (Print or type)		SIGNATURE
VII. SPECIAL FLIGHT PERMIT PURPOSES OTHER THAN PRODUCTION FLIGHT TEST	A. DESCRIPTION OF AIRCRAFT			
	REGISTERED OWNER		ADDRESS	
	BUILDER (Make)		MODEL	
	SERIAL NUMBER		REGISTRATION MARK	
	B. DESCRIPTION OF FLIGHT			
	FROM		TO	
	VIA		DEPARTURE DATE	DURATION
	C. CREW REQUIRED TO OPERATE THE AIRCRAFT AND ITS EQUIPMENT			
	<input type="checkbox"/> PILOT <input type="checkbox"/> CO-PILOT <input type="checkbox"/> NAVIGATOR <input type="checkbox"/> OTHER (Specify)			
	D. THE AIRCRAFT DOES NOT MEET THE APPLICABLE AIRWORTHINESS REQUIREMENTS AS FOLLOWS:			
	E. THE FOLLOWING RESTRICTIONS ARE CONSIDERED NECESSARY FOR SAFE OPERATION (Use attachment if necessary)			
	F. CERTIFICATION—I hereby certify that I am the registered owner (or his agent) of the aircraft described above; that the aircraft is registered with the Federal Aviation Administration in accordance with Section 501 of the Federal Aviation Act of 1958, and applicable Federal Aviation Regulations; and that the aircraft has been inspected and is airworthy for the flight described.			
DATE		NAME AND TITLE (Print or type)		SIGNATURE
VIII. AIRWORTHINESS INFORMATION (FAA use only)	<input checked="" type="checkbox"/>	A. Operating Limitations and Markings in Compliance with FAR 91.31 as Applicable		<input checked="" type="checkbox"/> G. Statement of Conformity, FAA Form 317 (Attach when required)
	<input type="checkbox"/>	B. Current Operating Limitations Attached		<input type="checkbox"/> H. Foreign Airworthiness Certification for Import Aircraft (Attach when required)
	<input type="checkbox"/>	C. Data, Drawings, Photographs, etc. (Attach when required)		<input type="checkbox"/> I. Previous Airworthiness Certificate Issued in Accordance with FAR _____ CAR _____ (Original attached)
	<input checked="" type="checkbox"/>	D. Current Weight and Balance Information Available in Aircraft		<input type="checkbox"/> J. Current Airworthiness Certificate Issued in Accordance with FAR _____ (Copy attached)
	<input type="checkbox"/>	E. Major Repair and Alteration, FAA 337 (Attach when required)		
	<input checked="" type="checkbox"/>	F. This Inspection Recorded in Aircraft Records		

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
STATEMENT OF CONFORMITY

Form Approved Budget
Bureau No. 04-R0146

SECTION I - AIRCRAFT

1. MAKE Bellanca	2. MODEL 17-31ATC
3. SERIAL NO. 31010	4. REGISTRATION NO. N8544H

SECTION II - ENGINE

1. MAKE	2. MODEL
3. SERIAL NO.	

SECTION III - PROPELLER

1. MAKE	2. HUB MODEL
2. BLADE MODEL	4. HUB SERIAL NO.
5. BLADE SERIAL NOS.	

SECTION IV - CERTIFICATION

I hereby certify that:

- ☐ A. I have complied with Section 21.33(a).
- ☒ B. The aircraft described above, produced under type certificate only (FAR 21 Subpart F), conforms to its type certificate, is in a condition for safe operation, and was flight checked on 8/10/70 (Date).
- ☐ C. The engine or propeller described above, presented herewith for type certification, conforms to the type design therefor.
- ☐ D. The engine or propeller described above produced under type certificate only (FAR 21 Subpart F), conforms to its type certificate and is in a condition for safe operation. The engine or, if applicable, the variable pitch propeller was subjected by the manufacturer to a final operational check on _____ (Date).

Deviations: No Deviations.

SIGNATURE OF CERTIFIER <i>Albert E. Tirone</i>	TITLE Quality Control Manager
ORGANIZATION Bellanca Aircraft Corporation	DATE 8/11/70

INSTRUCTIONS

This form should be submitted to a representative of the Administrator under the following circumstances:

1. By the applicant for a type certificate or a supplemental type certificate at the time he presents an aircraft or parts thereof to the FAA for tests.
2. By the applicant for a type certificate or a supplemental type certificate for each engine or propeller submitted for type certification.
3. By the type certificate holder or licensee manufacturing products under a type certificate only, upon the initial transfer by him of the ownership of each product or upon application for the original issue of an aircraft airworthiness certificate, or an Airworthiness Approval Tag (FAA Form 186).

This form should be completed as follows:

Section I. Aircraft. Complete the pertinent part of only this section when certification covers an aircraft or part thereof.

Section II. Engine. Complete this section when certification covers an engine.

Section III. Propeller. Complete this section when certification covers a propeller.

Section IV. Certification.

Item A. Check this block when an aircraft or part thereof is presented for flight or ground tests during type certification or supplemental type certification.

Item B. Check this block when the holder or licensee of a type certificate only, initially transfers the ownership of an aircraft manufactured under that type certificate, or applies for the original issuance of an airworthiness certificate.

Item C. Check this block when an engine or propeller is presented for type certification.

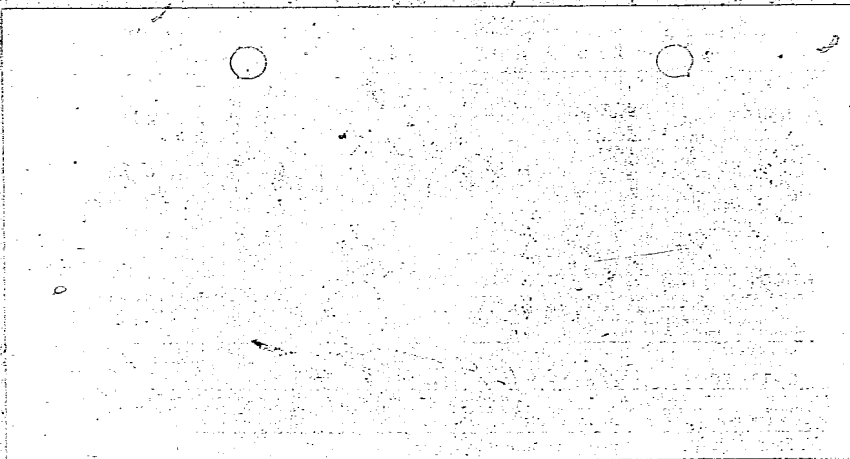
Item D. Check this block when an engine or propeller is presented for airworthiness approval and insert the date the product completed a final operational check.

The certification must be signed by an authorized person who holds a responsible position in the manufacturing organization.

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION—FEDERAL AVIATION ADMINISTRATION			
STANDARD AIRWORTHINESS CERTIFICATE			
1. NATIONALITY AND REGISTRATION MARKS	2. MANUFACTURER AND MODEL	3. AIRCRAFT SERIAL NUMBER	4. CATEGORY
N 8544H	Bellanca Aircraft Corp. 17-31ATC	31010	NORMAL
5. AUTHORITY AND BASIS FOR ISSUANCE This airworthiness certificate is issued pursuant to the Federal Aviation Act of 1958 and certifies that, as of the date of issuance, the aircraft to which issued has been inspected and found to conform to the type certificate therefor, to be in condition for safe operation, and has been shown to meet the requirements of the applicable comprehensive and detailed airworthiness code as provided by Annex 8 to the Convention on International Civil Aviation, except as noted herein. Exceptions: NONE			
6. TERMS AND CONDITIONS Unless sooner surrendered, suspended, revoked, or a termination date is otherwise established by the Administrator, this airworthiness certificate is effective as long as the maintenance, preventive maintenance, and alterations are performed in accordance with Part 43, and 91 of the Federal Aviation Regulations, as appropriate, and the aircraft is registered in the United States.			
DATE OF ISSUANCE	FAA REPRESENTATIVE	DESIGNATION NUMBER	
8-11-70	Albert V. S. Trone	DMIR CE-16	
Any alteration, reproduction, or misuse of this certificate may be punishable by a fine not exceeding \$1,000, or imprisonment not exceeding 3 years, or both. THIS CERTIFICATE MUST BE DISPLAYED IN THE AIRCRAFT IN ACCORDANCE WITH APPLICABLE FEDERAL AVIATION REGULATIONS.			
FAA Form 8100-2 (7-67) FORMERLY FAA FORM 1362		GPO : 1967-O-270-931	

FAA AIRCRAFT REGISTRY

CAMERA NO. 5N DATE: 10-5-82



FEDERAL AVIATION AGENCY MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)				Form Approved Budget Bureau No. 04-R060.1 FOR FAA USE ONLY OFFICE IDENTIFICATION 2-0-06	
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.					
1. AIRCRAFT	MAKE Bellanca	MODEL 17-31 ATC		NATIONALITY AND REGISTRATION MARK N8544H	
	SERIAL NO. 31010				
2. OWNER	NAME (As shown on registration certificate) Permanent Casting Inc.		ADDRESS (As shown on registration certificate) P.O. Box 191 Hot Springs, Arkansas 71901		
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					
A. AGENCY'S NAME AND ADDRESS Steve Ketzner Airport Rd. Memorial Field Hot Springs, Arkansas 71901			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		C. CERTIFICATE NO. A&P 1408244
D. I certify that the repair and/or alteration made to the unit(s) identified in item 4 above and described on the reverse of 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 5/24/73			SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Steve Ketzner</i>		
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 Agency and is <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED					
BY	FAA FLT. STANDARDS INSPECTOR	MANUFACTURER	<input checked="" type="checkbox"/>	INSPECTION AUTHORIZATION	OTHER (Specify)
	FAA DESIGNEE	REPAIR STATION		CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT	
DATE OF APPROVAL OR REJECTION 5/24/73		CERTIFICATE OR DESIGNATION NO. A&P 1408244		SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Steve Ketzner</i>	

NOTICE

WEIGHT AND BALANCE
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 Narco E.L.T.-10 Emergency Locator Transmitter (Ser.#15017), with remote switch and fixed antenna.

Installation installed per. Narco instructions and performed in accordance with FAA requirements AC 43.13-2.

Weight	Arm	Moment
Previous empty weight condition 2358.7	17.04	40191.6
Add: Narco ELT-10, Switch & Ant. 3.7	170.0	629.0
2362.4		40820.6

40820.6
2362.4 New E.W.C.G. New Useful Load = 962.6

*****END*****

APPROPRIATE	UNAPPROPRIATE				
DATE					
PROBABLE					
POSSIBLE					
IMPROBABLE					
IMPOSSIBLE					
DATE	NAME	MODE	REMARKS	DATE	NAME

3. FOR NEW REGISTRATION	
NAME AND ADDRESS OF THE AIRCRAFT OWNER	
NAME AND ADDRESS OF THE AIRCRAFT LESSOR	
NAME AND ADDRESS OF THE AIRCRAFT LESSEE	
NAME AND ADDRESS OF THE AIRCRAFT OPERATOR	
NAME AND ADDRESS OF THE AIRCRAFT MAINTENANCE ORGANIZATION	

NAME AND ADDRESS OF THE AIRCRAFT OWNER	NAME AND ADDRESS OF THE AIRCRAFT LESSOR
NAME AND ADDRESS OF THE AIRCRAFT LESSEE	NAME AND ADDRESS OF THE AIRCRAFT OPERATOR
NAME AND ADDRESS OF THE AIRCRAFT MAINTENANCE ORGANIZATION	NAME AND ADDRESS OF THE AIRCRAFT REGISTRATION AUTHORITY
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DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION				Form Approved Budget Bureau No. 04-R060.1	
MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)				FOR FAA USE ONLY	
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.				OFFICE IDENTIFICATION FAR 60.1 7-3-01	
1. AIRCRAFT	MAKE	BELLANCA	MODEL	17-31ATC	
	SERIAL NO.	31010	NATIONALITY AND REGISTRATION MARK	N8544H	
2. OWNER	NAME (As shown on registration certificate) Bellanca Aircraft Corporation		ADDRESS (As shown on registration certificate) P.O. Box 624 Alexandria, Minnesota 56308		
	3. FOR FAA USE ONLY				
4. UNIT IDENTIFICATION					
UNIT	MAKE	MODEL	SERIAL NO.	5. TYPE	
				REPAIR	ALTERATION
AIRFRAME	***** (As described in item 1 above) *****				X
POWERPLANT					
PROPELLER					
APPLIANCE	TYPE				
	MANUFACTURER				
6. CONFORMITY STATEMENT					
A. AGENCY'S NAME AND ADDRESS			B. KIND OF AGENCY		C. CERTIFICATE NO.
Albert E. Trone c/o Bellanca Aircraft Corp. Alexandria, Minnesota 56308			<input checked="" type="checkbox"/> U.S. CERTIFICATED MECHANIC <input type="checkbox"/> FOREIGN CERTIFICATED MECHANIC <input type="checkbox"/> CERTIFICATED REPAIR STATION <input type="checkbox"/> MANUFACTURER		479432 A & P
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 8/11/70			SIGNATURE OF AUTHORIZED INDIVIDUAL Albert E. Trone		
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 <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED					
BY	FAA FLT. STANDARDS INSPECTOR	MANUFACTURER	INSPECTION AUTHORIZATION	OTHER (Specify)	
	FAA DESIGNEE	REPAIR STATION	CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT		
DATE OF APPROVAL OR REJECTION 8/11/70		CERTIFICATE OR DESIGNATION NO. MMF-3413	SIGNATURE OF AUTHORIZED INDIVIDUAL Albert E. Trone		

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 Leading Edge Root Fairings, Part No's 6000-5 & -6 in accordance with STC SA846SW.

Installed Main Wheel Doors in accordance with STC SA847SW.

Weight Installation is included in total weight of Aircraft as per Weight & Balance Form Q-8-1.

END

☒ ADDITIONAL SHEETS ARE ATTACHED