

**MD – RA**Minister's Delegates - Recreational Aviation  
Représentants du Ministre - Aviation de loisir

Inspection Service

Service d'inspection

LETTER OF INTENT, CONSTRUCTION		
I intend to build an amateur built aircraft		
Surname, builder of record :		Given name :
Address:		
City :	Province :	Postal code :
Home telephone :	Fax :	
Telephone at work :	E-mail :	
A/C Make :	Model :	Serial number :
Source of amateur built project: (A) Listed on TCA/FAA eligible kits list <input type="checkbox"/> (B) Quick build kit <input type="checkbox"/> (C) From plans <input type="checkbox"/> (D) Kit requiring major portion, (51%) inspection <input type="checkbox"/> (E) Own design <input type="checkbox"/> <b>(A), (B) and (C) Require supplier's invoice <input type="checkbox"/> or shipping paper <input type="checkbox"/> indicating: Make, Model, Serial number</b>		
Pressurized <input type="checkbox"/>	Piston engine <input type="checkbox"/>	Turbine/Jet engine <input type="checkbox"/>
Integrated Instrument Panel, (multiple MFD)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Design gross weight _____ Lb <input type="checkbox"/> Kg <input type="checkbox"/> <b>Increased design gross weight must be approved by Transport Canada, after 25 hours test period</b>		
Planned landing gear configuration, at final inspection Wheels (including skis) <input type="checkbox"/> Floats <input type="checkbox"/> Amphibious Floats <input type="checkbox"/>		
Prime construction material Wood <input type="checkbox"/> Metal <input type="checkbox"/> Tube/ Fabric <input type="checkbox"/> Composite <input type="checkbox"/>		
If you have purchased this aircraft project, a letter or proof of purchase from the Builder of Record or the estate of, is required to show you have acquired the rights to this aircraft		
I want to receive documentation in English. <input type="checkbox"/> Je veux recevoir la documentation en Français. <input type="checkbox"/>		

Personal information collected by Recreational Aviation Services Inc., operating as MDRA Inspections, is used only for the purpose of administration of the inspection service and customer accounts. Your signature below indicates consent to the retention by MDRA Inspection Service of personal information supplied by you. Please refer to our Privacy Policy on our web site or request a copy from the office.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
yyyy/mm/dd

Fee, (C03B) + applicable taxes. Calculate total and remit payment \$ _____		
Make Cheque payable to <b>MD-RA Inspection Service/</b> Amount \$ _____ Check No. _____		
If you are paying by credit card, complete and submit this section.		
Card type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Name as it appears on card	Card number	Date of expiry Month   Year
Name of Applicant	Authorization—I authorize the MDRA to charge to my credit card	Cdn \$
Signature of card holder	Year	Month   Day

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