

MD – RA

Minister's Delegates - Recreational Aviation
Représentants du Ministre - Aviation de loisir

Inspection Service

Service d'inspection

INSPECTION REQUEST, CONSTRUCTION

As required in Exemption 549 of the Canadian Air Regulations, I am requesting the MD-RA to perform the inspection specified below.

Surname, builder of record:

Given name:

Address:

City:

Province:

Postal code:

Home telephone:

Fax:

Telephone at work:

E-mail:

Registration
C-_____

A/C Make

Model

Serial No.

Design gross weight

_____ Lb Kg **(Note; Request for increased design gross weight must be submitted to Transport Canada, after 25 hours test period)**

Planned landing gear configuration, at final inspection

Wheels (including skis) Floats Amphibious Floats

Engine information

Make

Model

Horsepower _____ hp

Inspection requested:

51% Box Spar Pre-Cover Final Parts to be inspected
for Pre-coverWings Flaps Ailerons Fuselage Hor. Stabilizer Elevator Vertical. Stabilizer Rudder

Location of project for inspection (Please attach a map)

Declared base of operations (for final inspection)

I want to receive documentation in English Je veux recevoir la documentation en Français

I, the aircraft builder and my heirs and successors, will save harmless Recreational Aviation Services Inc. and its executive, members and inspectors from and against any claims, demands, losses, costs, damages, suits or proceedings, by whomever made, brought or prosecuted, in any manner based upon, related to, occasioned by or attributable to any acts of Recreational Aviation Services Inc, its executive, members and inspectors attributable in any manner to the within requested inspection.

Signature _____ Date _____
yyyy/mm/dd

Fee, (C03B) + applicable taxes. Calculate total and remit payment \$ _____

Make Cheque payable to **MD-RA Inspection Service/** Amount \$ _____ Check No. _____

If you are paying by credit card, complete and submit this section.

Card type: Visa 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

MDRA C02E 20161207

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