File Number_____

INSPECTION REQUEST, CONSTRUCTION

As specified in the Exemption from Section 549.01 of the Canadian Aviation Regulations (CARS), I am requesting the MD-RA to perform the inspection specified below.

Builder of Record	Surname :	Full Given Names :	
Address :			
Municipality :		Province :	Postal code :
Home telephone :		Telephone at work :	
Fax :		E-mail :	
Registration C-_____	Aircraft built by and Kit Name if applicable :	Model :	Serial No :
Design gross weight		_____ Lb ☐	Kg ☐
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-cover	Wings ☐	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)

Recreational Aviation Services Inc. o/a MD-RA Inspection Service, provides administrative services (only) in support of persons who intend to construct an Amateur-Built Aircraft and administration in support of individual Minister's Delegate - Recreational Aviation (MD-RA's) as they exercise their delegation. In the event a builder does not agree with a Delegates assessment of an aircraft project, please consult the RESOLUTION OF BUILDERS DISPUTES found on the MD-RA web site (www.md-ra.com). Your signature below confirms information provided, to the best of your knowledge is correct and authorizes Recreational Aviation Services o/a MD-RA Inspection Service to process your request.

Signature _____Date_____
yyyy-mm-dd

NOTES:

a) Increase design gross weight must be approved by Transport Canada, after 25 hours test period
b) 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.
c) Fee Payment, Fee Schedule (C03B) + applicable taxes. Calculate total and remit payment. Make Cheque payable to MD-RA Inspection Service/ If you are paying by credit card, contact the MD-RA Office, 2350-B Holder Place, LONDON, ONTARIO, N5V 3Z9 519-457-2909877-419-2111 (in Canada only) Email: md-ra@md-ra.com

GST/HST NUMBER 899959118