

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 <input type="checkbox"/> Kg <input type="checkbox"/>				
Planned landing gear configuration, at final inspection				
Wheels (including skis) <input type="checkbox"/>	Floats <input type="checkbox"/>	Amphibious Floats <input type="checkbox"/>		
Engine information	Make	Model	Horsepower _____ hp	
Inspection requested:	51% <input type="checkbox"/>	Box Spar <input type="checkbox"/>	Pre-Cover <input type="checkbox"/>	Final <input type="checkbox"/>
Parts to be inspected for Pre-cover	Wings <input type="checkbox"/>	Flaps <input type="checkbox"/>	Ailerons <input type="checkbox"/>	Fuselage <input type="checkbox"/>
	Hor. Stabilizer <input type="checkbox"/>	Elevator <input type="checkbox"/>	Vertical. Stabilizer <input type="checkbox"/>	Rudder <input type="checkbox"/>
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 _____

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, PO Box 32059 RPO Northand, LONDON, ONTARIO, N5V 5K4 519-457-2909/1-877-419-2111 (in Canada only) Email: md-ra@md-ra.com

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