



<b>MAJOR REPAIR AND ALTERATION</b> <b>(Airframe, Powerplant, Propeller, or Appliance)</b> DCA Form INS-4.012	Form approved OMB NO. <hr/> <b>For DCA Use Only</b> <hr/> Office Identification
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INSTRUCTIONS: Print or type all entries. See FAR-145 and AUA-RLW (or subsequent revision thereof) for instructions and disposition of this form.

<b>1. AIRCRAFT</b>	Make	Model
	Serial No.	Nationality and Registration Mark <b>P4-</b>
<b>2. OWNER</b>	Name (As shown on registration certificate)	Address (As shown on registration certificate)

**3. FOR DCA USE ONLY**

THE DATA IDENTIFIED HEREIN COMPLIED WITH APPLICABLE AIRWORTHINESS REQUIREMENTS AND IS APPROVED ONLY FOR THE ABOVE DESCRIBED AIRCRAFT SUBJECT TO CONFORMITY INSPECTION BY A PERSON AUTHORIZED BY THE DCA OF ARUBA.

APPROVED INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

4. UNIT IDENTIFICATION				5. TYPE	
Unit	Make	Model	Serial No.	Repair	Alteration
AIRFRAME					
POWERPLANT					
PROPELLER					
APPLIANCE	Type				
	Manufacturer				

**6. CONFORMITY STATEMENT**

A. Agency's Name and Address	B. Kind of Agency	C. Certificate No.
	<input type="checkbox"/> DCA Certificated Mechanic <input type="checkbox"/> Foreign Certificated Mechanic <input type="checkbox"/> Certificated Repair Station <input type="checkbox"/> Manufacturer	

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 JAR-145 and that the information furnished herein is true and correct to the best of my knowledge.

Date	Signature of Authorized Individual
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**7. APPROVAL FOR RETURN TO SERVICE**

Pursuant to the authority given person specified below, the unit identified in item 4 was inspected in the manner prescribed by the Department of Civil Aviation of Aruba and is  **APPROVED**  **REJECTED**

BY	DCA Inspector	Manufacturer	Inspection Authorization	Other (Specify)
	DCA Designee	Repair Station		
Date of Approval or Rejection		Certificate or Designation No.	Signature of Authorized Individual	



**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 data work completed.)*

Additional Sheets Are Attached