



US Department  
of Transportation  
Federal Aviation  
Administration

**MAJOR REPAIR AND ALTERATION**  
**(Airframe, Powerplant, Propeller, or Appliance)**

Form Approved  
OMB No. 2120-0020  
11/30/2007

Electronic Tracking Number

For FAA Use Only

INSTRUCTIONS: Print or type all entries. See Title 14 CFR §43.9, Part 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. This report is required by law (49 U.S.C. §44701). Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §46301(a))

1. Aircraft	Nationality and Registration Mark N3212T	Serial No. 17700512	
	Make CESANA	Model CARDINAL	Series 177
2. Owner	Name (As shown on registration certificate) CHARLES H MOUNT JR.	Address (As shown on registration certificate) Address 1621 HAMPTON PLACE City ORANGE PARK State FL Zip 32003 Country USA	

3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	AIRFRAME		(As described in Item 1 above)	
<input type="checkbox"/>	<input type="checkbox"/>	POWERPLANT			
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type Manufacturer		

6. Conformity Statement

A. Agency's Name and Address		B. Kind of Agency	
Name	K.R.Oddy and Associates	<input checked="" type="checkbox"/> U. S. Certificated Mechanic	Manufacturer
Address	9102 Herlona Rd.	<input type="checkbox"/> Foreign Certificated Mechanic	C. Certificate No.
City	Jacksonville State FL	<input type="checkbox"/> Certificated Repair Station	A/P 124320506 IA
Zip	32210 Country USA	<input type="checkbox"/> Certificated Maintenance Organization	

D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and correct to the best of my knowledge.

Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual <i>Kenneth R. Oddy</i> 01-28-2008
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7. Approval for Return to Service

Pursuant to the authority given persons specified below, the unit identified in item 5 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is ☒ Approved ☐ Rejected

BY	FAA Fit. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee	Repair Station	<input checked="" type="checkbox"/> Inspection Authorization	Other (Specify)

Certificate or Designation No. A/P 124320506IA	Signature/Date of Authorized Individual <i>Kenneth R. Oddy</i> 01-28-2008
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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.

N3212T

8. Description of Work Accomplished

Nationality and Registration Mark

Date

Updated Aircraft Flight Manual and installed placards per Supplemental Type Certificate #SA01944CH  
installation instructions Doc. No. EAASTCINST Rev. 1,02-2004 #1-5.

————— END —————

[ ] Additional Sheets Are Attached



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2. Owner	Name (As shown on registration certificate) CHARLES H MOUNT JR.	Address (As shown on registration certificate) Address 1621 HAMPTON PLACE	
		City ORANGE PARK	State FL
		Zip 32003	Country USA

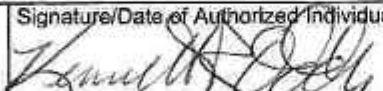
3. For FAA Use Only

4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input type="checkbox"/>	AIRFRAME		(As described in Item 1 above)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	POWERPLANT	LYCOMING	O-320-E2D	L-20623-27A
<input type="checkbox"/>	<input type="checkbox"/>	PROPELLER			
<input type="checkbox"/>	<input type="checkbox"/>	APPLIANCE	Type		
			Manufacturer		

6. Conformity Statement

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Address 9102 Herlong Rd.		<input type="checkbox"/> Foreign Certificated Mechanic	C. Certificate No.
City Jacksonville	State FL	<input type="checkbox"/> Certificated Repair Station	
Zip 32210	Country USA	<input type="checkbox"/> Certificated Maintenance Organization	A/P 124320506 IA

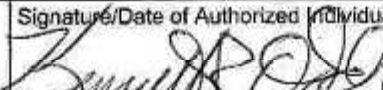
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installation instructions Doc. No. EAASTCINST Rev. 1,02-2004 #1-5.

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