

DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

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

Form Approved  
Budget Bureau No. 04-R060.1

FOR FAA USE ONLY

OFFICE IDENTIFICATION

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.

1. AIRCRAFT	MAKE <b>CESSNA</b>	MODEL <b>177B</b>
	SERIAL NO. <b>17701608</b>	NATIONALITY AND REGISTRATION MARK <b>N 34038</b>
2. OWNER	NAME (As shown on registration certificate) <b>Anderson Aviation Inc.</b>	ADDRESS (As shown on registration certificate) <b>Anderson Municipal Airport Anderson, Indiana 46011</b>

3. FOR FAA USE ONLY

4. UNIT IDENTIFICATION

UNIT	MAKE	MODEL	SERIAL NO.	5. TYPE	
				REPAIR	ALTERATION
AIRFRAME	As described in item 1 above				<b>X</b>
POWERPLANT					
PROPELLER					
APPLIANCE	TYPE				
	MANUFACTURER				

6. CONFORMITY STATEMENT

A. AGENCY'S NAME AND ADDRESS <b>Jerry L. Bryant 7700 W. 38th. Street Indianapolis, Ind. 46254</b>	B. KIND OF AGENCY		C. CERTIFICATE NO. <b>A&amp;P 1560373</b>
	<input checked="" type="checkbox"/>	U.S. 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 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.

DATE <b>4/2/71</b>	SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Jerry L. Bryant</i>
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7. APPROVAL FOR RETURN TO SERVICE

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

BY	FAA FLT. STANDARDS INSPECTOR	MANUFACTURER	<input checked="" type="checkbox"/>	INSPECTION AUTHORIZATION	OTHER (Specify)
	FAA DESIGNEE	REPAIR STATION	<input type="checkbox"/>	CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT	
DATE OF APPROVAL OR REJECTION <b>4-3-71</b>	CERTIFICATE OR DESIGNATION NO. <b>IA1560373</b>	SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Jerry L. Bryant</i>			

# 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 date work completed.)

Installed One Ea.; King KX-170 transceiver, one ea.;  
Genave Alpha-360 transceiver, one ea.; Genave Beta-500  
transponder in space provided in the center of the instrument panel.

Installed one ea.; King KI-2016 Indicator, one ea.;  
Genave Theta-100 Indicator factory provided cutouts in  
left instrument panel.

Installed Genave Delta-202 marker receiver on the  
side of the glove box.

Installed AD-8 marker antenna on lower fuselage at  
104 inches aft of datum.

All wiring W5086 and protected by appropriate rated  
circuit breakers. All equipment installed in accordance  
with AC 43.13-1 chapter 11 and AC 43.13-2 chapter 2.

Log books, equipment list, and weight & balance  
revised to show this change.

END

ADDITIONAL SHEETS ARE ATTACHED

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

FOR FAA USE ONLY

OFFICE IDENTIFICATION

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.

1. AIRCRAFT	MAKE <i>CESSNA</i>	MODEL <i>177B</i>
	SERIAL NO. <i>17701608</i>	NATIONALITY AND REGISTRATION MARK <i>N34038</i>
2. OWNER	NAME (As shown on registration certificate) <i>ANDERSON AVIATION INC.</i>	ADDRESS (As shown on registration certificate) <i>ANDERSON MUNICIPAL AIRPORT ANDERSON, INDIANA 46011</i>

3. FOR FAA USE ONLY

4. UNIT IDENTIFICATION

5. TYPE

UNIT	MAKE	MODEL	SERIAL NO.	5. TYPE	
				REPAIR	ALTERATION
AIRFRAME	***** (As described in item 1 above) *****				XX
POWERPLANT					
PROPELLER					
APPLIANCE	TYPE				
	MANUFACTURER				

6. CONFORMITY STATEMENT

A. AGENCY'S NAME AND ADDRESS	B. KIND OF AGENCY	C. CERTIFICATE NO.
<i>JEROME M. RINGER ANDERSON AVIATION INC. ANDERSON INDIANA 46011</i>	<input checked="" type="checkbox"/> U.S. CERTIFICATED MECHANIC	<i>IA1524638IA</i>
	<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 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.

DATE <i>JUNE 23, 1971</i>	SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Jerome M. Ringer</i>
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7. APPROVAL FOR RETURN TO SERVICE

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

BY	FAA FLT. STANDARDS INSPECTOR	MANUFACTURER	<input checked="" type="checkbox"/> INSPECTION AUTHORIZATION	OTHER (Specify)
	FAA DESIGNEE	REPAIR STATION	CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT	
DATE OF APPROVAL OR REJECTION <i>JUNE 23, 1971</i>	CERTIFICATE OR DESIGNATION NO. <i>IA1524638</i>	SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Jerome M. Ringer</i>		

## 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 date work completed.)

CESSNA 177B S/N 17701608 N34034 JUNE 23, 1971

INSTALLED WHELEN HS WHITE STROBE ON BOTTOM OF AIRCRAFT. AFT AND TO THE LEFT OF RACK FOR BATTERY & RADIOS INSTALLED BY CESSNA.

POWER SUPPLY WAS INSTALLED ON RACK, TO LEFT OF BATTERY WITH 10/32 SCREWS & NUTS, HEAD WAS INSTALLED IN SKIN WITH BRACKETS FURNISHED WITH STROBE CABLE WAS CLAMPED TO RACK TO CLEAR ALL CONTROL CABLES.

WIRES TO SWITCH & CIRCUIT BREAKER WERE RUN ALONG WITH WIRING ALREADY INSTALLED IN AIRCRAFT.

CESSNA P/N 91845-1-2 SWITCH, AND CESSNA P/N 91360-5 CIRCUIT BREAKER. WERE INSTALLED IN PANEL LOCATIONS MARKED FOR STROBE LIGHTS.

ALL WORK WAS DONE AS TO INSTRUCTIONS WITH KIT AND TO FAR'S 23.1401, AC 43.13-1 CHAPTER 11 SECTION 1, 2, 3, AC 43.13-2 CHAPTER 2, AND AC 20-30, 4.18.68.

WARNING PLACARD WAS INSTALLED ON PANEL THAT WAS FURNISHED WITH KIT.

NEW WEIGHT & BALANCE WAS MADE AND INSTALLED IN AIRCRAFT PAPERS WITH PROPER LOG BOOK & EQUIPMENT LIST ENTRIES MADE.

"END"

ADDITIONAL SHEETS ARE ATTACHED

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

FOR FAA USE ONLY

OFFICE IDENTIFICATION

INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.

1. AIRCRAFT	MAKE Cessna	MODEL 177B
	SERIAL NO. 17701608	NATIONALITY AND REGISTRATION MARK N34038
2. OWNER	NAME (As shown on registration certificate) Anderson Aviation Inc	ADDRESS (As shown on registration certificate) Anderson Municipal Airport Anderson, Indiana 46011

3. FOR FAA USE ONLY

4. UNIT IDENTIFICATION

5. TYPE

UNIT	MAKE	MODEL	SERIAL NO.	REPAIR	ALTERATION
AIRFRAME	~~~~~ (As described in item 1 above) ~~~~~			X	
POWERPLANT					
PROPELLER					
APPLIANCE	TYPE				
	MANUFACTURER				

6. CONFORMITY STATEMENT

A. AGENCY'S NAME AND ADDRESS Herschel Lee Robins 7339 East 53rd St Lawrence, Indiana	B. KIND OF AGENCY		C. CERTIFICATE NO. 1509167 A & P	
	<input checked="" type="checkbox"/>	U.S. 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 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.

DATE 9-21-73	SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Herschel Lee Robins</i>
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7. APPROVAL FOR RETURN TO SERVICE

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

BY	FAA FLT. STANDARDS INSPECTOR	MANUFACTURER	<input checked="" type="checkbox"/>	INSPECTION AUTHORIZATION	OTHER (Specify)
	FAA DESIGNEE	REPAIR STATION	<input type="checkbox"/>	CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT	
DATE OF APPROVAL OR REJECTION 9/21/73	CERTIFICATE OR DESIGNATION NO. M18712	SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Clark Norman</i>			

## 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 date work completed.)

Replaced leading edge skin on right side of horizontal stabilizer and lower skin panel from front spar to aft spar. Made two skin re-inforcement repairs on the left side at leading edge just aft of front spar. Replaced aft tail skin panel from station 263 to 283 approximately.

Parts replaced were obtained from manufacturer as follows:

1 ea	1732003-18	skin
1 ea	1732024-1-791	Tip
1 ea	1732014-1	rib
1 ea	1732037-3	stiffener
1 ea	1732003-6	skin
1 ea	1732008-3	rib
1 ea	1712100-7	skin
1 ea	1741005-43	fairing

Performed control check, check o.k. Replaced stabilizer tip and L.H. landing gear fairing.

Repair procedures conformed to 43.13-1A, section 3.

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ADDITIONAL SHEETS ARE ATTACHED

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION  <b>MAJOR REPAIR AND ALTERATION</b> (Airframe, Powerplant, Propeller, or Appliance)	Form Approved Budget Bureau No. 04-2060.1 <b>FOR FAA USE ONLY</b> OFFICE IDENTIFICATION
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INSTRUCTIONS: Print or type all entries. See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form.

1. AIRCRAFT	MAKE CESSNA	MODEL 177B
	SERIAL NO. 17701608	NATIONALITY AND REGISTRATION MARK N34038
2. OWNER	NAME (As shown on registration certificate) ZWEYGART AND SONS INC	
	ADDRESS (As shown on registration certificate) RT 2 BOX 41 ST. FRANCIS KS 67756	

**3. FOR FAA USE ONLY**

"The data identified herein complies with the applicable airworthiness requirements and is approved for the above described aircraft, subject to conformity inspection by a person authorized in FAR 43, section 43.7"  
 8-23-91 *Blair Whitehead* NH FSDO 03  
 Date Signature of FAA Inspector Office

**4. UNIT IDENTIFICATION**

UNIT	MAKE	MODEL	SERIAL NO.	5. TYPE	
				REPAIR	ALTERATION
AIRFRAME	***** (As described in item 1 above) *****				XX
POWERPLANT					
PROPELLER					
APPLIANCE	TYPE				
	MANUFACTURER				

**6. CONFORMITY STATEMENT**

A. AGENCY'S NAME AND ADDRESS	B. KIND OF AGENCY	C. CERTIFICATE NO.
Quistco Avionics 303-332-4921 36397 HWY 385 N. Wray Municipal Airport WRAY, COLORADO 80758	U.S. CERTIFICATED MECHANIC	G06R568N, RADIO, LIMITED RADIO, SPECIALIZED SERVICE
	FOREIGN CERTIFICATED MECHANIC	
	<input checked="" type="checkbox"/> CERTIFICATED REPAIR STATION	
	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 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.

DATE AUGUST 21, 1991	SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Monte Quist</i> MONTE QUIST
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**7. APPROVAL FOR RETURN TO SERVICE**

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

BY	FAA P.T. STANDARDS INSPECTOR	MANUFACTURER	INSPECTION AUTHORIZATION	OTHER (Specify)
	FAA DESIGNEE <input checked="" type="checkbox"/>	REPAIR STATION	CANADIAN DEPARTMENT OF TRANSPORT INSPECTOR OF AIRCRAFT	

DATE OF APPROVAL OR REJECTION August 21, 1991	CERTIFICATE OR DESIGNATION NO. G06R568N	SIGNATURE OF AUTHORIZED INDIVIDUAL <i>Monte Quist</i> MONTE QUIST
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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.

8. DESCRIPTION OF WORK ACCOMPLISHED (If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

CESSNA 177B N34038 TACH:4002.75 August 21, 1991

Installed Foster Model Phoenix F14 loran(S/N 3843) below King KR86 ADF located in center radio stack at station 68.0. Loran tray attached to radio support brackets using 5 each AN526-632 screws. Installation IAW Foster Installation Manual 009A0631A REV 3 dated December 1987.

Power provided through pre-existing 2 amp circuit breaker labeled loran. Power and ground wires used were Mil 22759/18. Mil-C-17125 coaxial cable used to connect loran antenna.

Loran Antenna, Model NY155 Straight Whip installed on top rear behind luggage compartment at station 134.0. Antenna mounting, cable routing, cable suspension IAW 43.13-2a para 38b, and Foster Installation Manual 009A0631A REV 3 dated December 1987.

Placard "LORAN NOT APPROVED FOR IFR" placed on panel to the left of loran receiver.

Loran receiver TSO 60a DO-160A applies.

Loran receiver installation complies with AC20-121A, 7a1, 2, and 4.

Effect on aircraft power loading negligible.

Aircraft ground checked by Chief Inspector Monte Quist, who observed that there was no interference between systems, and that all systems performed normally.

Log book entry made.

A/C Weight/Balance and Equipment List Amended.

NOTHING FOLLOWS



U.S. Department of Transportation  
Federal Aviation Administration

# MAJOR REPAIR AND ALTERATION

(Airframe, Powerplant, Propeller, or Appliance)

Form Approved  
OMB No. 2120-0020

For FAA Use Only

Office Identification

**INSTRUCTIONS:** Print or type all entries. See FAR 43.9, FAR 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. 1421). Failure to report can result in a civil penalty not to exceed \$1,000 for each such violation (Section 901 Federal Aviation Act of 1958).

<b>1. Aircraft</b>	Make CESSNA	Model CARDINAL
	Serial No. 17701608	Nationality and Registration Mark N34038
<b>2. Owner</b>	Name (As shown on registration certificate) KENNETH D MULLER	Address (As shown on registration certificate) 337 8TH ST NW MILACA MN 56353

**3. For FAA Use Only**

4. Unit Identification				5. Type	
Unit	Make	Model	Serial No.	Repair	Alteration
AIRFRAME	(As described in item 1 above)				X
POWERPLANT					
PROPELLER					
APPLIANCE	Type				
	Manufacturer				

**6. Conformity Statement**

<b>A. Agency's Name and Address</b>	<b>B. Kind of Agency</b>	<b>C. Certificate No.</b>
TIMOTHY D PORTER 1175 39TH AVE SE ST CLOUD MN 56304	<input checked="" type="checkbox"/> U.S. Certificated Mechanic	3339760
	<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 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.

Date APRIL 25 2018	Signature of Authorized Individual <i>Timothy D Porter</i>
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**7. Approval for Return To Service**

Pursuant to the authority given persons specified below, the unit identified in item 4 was inspected in the manner prescribed by the Administrator of the Federal Aviation Administration and is  APPROVED  REJECTED

BY	FAA Fit. Standards Inspector	Manufacturer	Inspection Authorization	Other (Specify)
	FAA Designee	Repair Station	Person Approved by Transport Canada Airworthiness Group	
Date of Approval or Rejection		Certificate or Designation No.	Signature of Authorized Individual	

NOTICE

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8. Description of Work Accomplished

(If more space is required, attach additional sheets. Identify with aircraft nationality and registration mark and date work completed.)

AC: CESSNA 177 B, S/N 177 01608, A/C T.T. 4868.1, DATE: 4/25/2018

INSTALLED DOOR STEWARD GAS SPRING DOOR ASSIST ALTERATION ON LEFT HAND AND RIGHT HAND CABIN DOORS IN ACCORDANCE WITH FAA APPROVED SUPPLEMENTAL TYPE CERTIFICATE NUMBER SA01120SE. WEIGHT CHG. +2.0 LBS @ STATION +85.6. WEIGHT AND BALANCE UPDATED. EQUIPMENT LIST UPDATED. STC INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ADDED TO AIRCRAFT RECORDS.

ATA Chapter 05      Time Limits/Maintenance Checks

05-00      General

The *Door Steward*™ installation should be inspected during scheduled airframe periodic inspections that cover the door and door frame areas.

05-20      Scheduled Maintenance

Inspection of the installation will consist of the following:

1. Security of attachment of both airframe and door brackets to the associated structure.
2. Security of the gas spring attachment to the ball studs.
3. Security of the threaded ball stud to the airframe and door brackets.
4. Smooth operation of the gas spring. Inspect for evidence of end seal leakage or loss of gas spring pressure.

\*\*\*\*\* NOTHING FOLLOWS \*\*\*\*\*

Additional Sheets Are Attached