

	REPAIR AND ALTERATION (Aircraft, Powerplant, Propeller, or Appliance)	CAA approval no. /
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Instruction: print or type all entries.

1. Aircraft	Make: _____	Model: _____	Serial Number: _____	Registration Mark: _____
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2. Owner	Name (As shown on registration certificate): _____	Address (As shown on registration certificate) _____
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Repair/Alteration Title: _____

Description of Repair/Alteration: _____

3. For CAAI – Airworthiness Department use only

Subject to conformity inspection by CAAI inspector Yes No

4. Unit identification				5. Type			
Unit	Make	Model	Serial Number	Repair		Alteration	
				Major	Minor	Major	Minor
Aircraft	(As described above)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powerplant				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propeller				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance	Type			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Manufacturer						

6. Conformity Statement

a. Repair Station/Equipment Manufacturer's Name and address	b. Approved to conduct conformity inspection	c. license no.
	<input type="checkbox"/> Certificated Mechanic Repair Station Quality Inspector	
	<input type="checkbox"/> Equipment manufacturer 's production Inspector	

d. I certify that the repair/alteration made to the unit identified in item 4 above and described on the reverse has been made in accordance with the requirements of the Israeli Aviation Regulations 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 persons specified below, the unit identified in item 4 was inspected in accordance with the Israeli Aviation Regulation and is

Approved for return to service Rejected for return to service

By			Appliance/ Aircraft Manufacturer		Other (specify)
			Representative of Repair Station		

Date of Approval or Rejection:	License Number:	Signature of Authorized individual:
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AWF 1.4.337A	 <small>רשות התעופה האזרחית Civil Aviation Authority</small>	AW Inspector Handbook
		Revision 1
		01 MAR 10

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Weight and balance or operational limitations change shall be entered in the appropriate aircraft record. An alteration must be compatible with previous all 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)		
Nationality and registration mark:		Date:
<input type="checkbox"/> additional sheets are attached		

Submitted by: _____

Name	Title	Signature	Date
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Approval: _____

Name	Title	Signature	Date
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	Field Approval (Form 337) Checklist	CAA approval no. /		
Instructions: Print or type all entries. This information should be as complete as possible prior to your initial discussion with the CAA				
1. Aircraft	<u>Make:</u>	<u>Model:</u>	<u>Serial Number:</u>	<u>Registration Mark:</u> _____
2. Applicant	Name (As shown on registration certificate):		Address (As shown on registration certificate)	
3. Type Of Product And Certification Basis				
<input type="checkbox"/> AIRFRAME <input type="checkbox"/> ENGINE <input type="checkbox"/> APPLIANCE <input type="checkbox"/> OTHER_____				
<input type="checkbox"/> PART 23 <input type="checkbox"/> PART 25 <input type="checkbox"/> PART 27 <input type="checkbox"/> PART 31 <input type="checkbox"/> PART 33 <input type="checkbox"/> OTHER_____				
4. Brief Description of Project				
5. Schedule for Completion of Project				
Date when field approval is needed: _____				
Date when work is to begin: _____				
Projected completion date for project: _____				
Date for CAAI inspector visit (conformity inspection if required): _____				
6. Who Will Perform The Alteration Or Repair				
Repair station: _____				
Location where alteration/repair will be accomplished: _____				
Contact person at the facility:				
7. Designees (DARs and DERs) <input type="checkbox"/> None				
Name and telephone numbers of the Designated Engineering Representatives (DER) and/or designated Airworthiness representative (DAR) who are helping with the project				
Name: _____		Telephone number: _____		
Name: _____		Telephone number: _____		

8. Compliance Statement and Compliance Checklist attached in a different sheet

14 CFR Part Paragraph	Subject	Method of Compliance	Documentation Reference

9. Previous Alterations or Repairs that may be affected by this Alteration.

10. Instructions for Continued Airworthiness (ICA)

ICAs attached

Include these in block 8 of the CAA Form 337

11. Aircraft Flight Manual Supplement (AFMS)

Do you have an AFMS? Yes No If yes, attach a copy.

12. Data Attached

- Proposed CAA Form 337
- Description of alteration, including ICA (MPD, Maintenance Manual, EPAS, Etc.....)
- Drawings, schematics, and diagrams
- Material list
- Processes
- Specifications
- Previous field approvals
- FAA/CAA Form(s) 8110-3 / EASA Form(s) 1.
- Serviceable tags.
- Placards
- Test data and/or flight test data
- Load analysis
 - Electrical
 - Structural
- EMI/RFI
- MEL
- Other _____

