



U.S. 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  
N

For FAA Use Only

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 1958)

|             |                                                                        |                                                                             |                              |
|-------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------|
| 1. Aircraft | Nationality and Registration Mark<br><b>N4025K</b>                     | Serial No.<br><b>802A-1187</b>                                              |                              |
|             | Make<br><b>AIR TRACTOR INC</b>                                         | Model<br><b>802A</b>                                                        | Series                       |
| 2. Owner    | Name (As shown on registration certificate)<br><b>AIR TRACTOR, INC</b> | Address (As shown on registration certificate)<br>Address <b>[REDACTED]</b> |                              |
|             |                                                                        | City <b>OLNEY</b>                                                           | State <b>TX</b>              |
|             |                                                                        | Zip <b>76374</b>                                                            | Country <b>UNITED STATES</b> |

3. For FAA Use Only

**FILE COPY**

| 4. Type                  |                                     | 5. Unit Identification |              |                                |               |
|--------------------------|-------------------------------------|------------------------|--------------|--------------------------------|---------------|
| Repair                   | Alteration                          | Unit                   | Make         | Model                          | Serial Number |
| <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 <b>WIPAIRE INC</b>      |  | <input type="checkbox"/> U.S. Certificated Mechanic             | <input type="checkbox"/> Manufacturer |
| Address <b>[REDACTED]</b>    |  | <input type="checkbox"/> Foreign Certificated Mechanic          | C. Certificate No.                    |
| City <b>SO ST PAUL</b>       |  | <input checked="" type="checkbox"/> Certificated Repair Station | <b>[REDACTED]</b>                     |
| State <b>MN</b>              |  | <input type="checkbox"/> Certificated Maintenance Organization  |                                       |
| Zip <b>55075</b>             |  |                                                                 |                                       |
| Country <b>USA</b>           |  |                                                                 |                                       |

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<br>per 14 CFR Part 43<br>App. B <input type="checkbox"/> | Signature/Date of Authorized Individual<br><b>BRIAN HENDERSON 04/22/2025</b> |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------|

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<br>Inspector | Manufacturer     | Maintenance Organization | Person Approved by Canadian<br>Department of Transport |
|    | FAA Designee                   | X Repair Station | Inspection Authorization | Other (Specify)                                        |

|                                                        |                                                                              |
|--------------------------------------------------------|------------------------------------------------------------------------------|
| Certificate or<br>Designation No.<br><b>[REDACTED]</b> | Signature/Date of Authorized Individual<br><b>BRIAN HENDERSON 04/22/2025</b> |
|--------------------------------------------------------|------------------------------------------------------------------------------|

## 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.)

N4025K

04/22/2025

Nationality and Registration Mark

Date

REMOVED LANDPLANE GEAR AND INSTALLED WIPAIRE 10,000 AMPHIBIOUS FLOATS IAW STC SA01795CH AND INSTALLATION DRAWINGS 7D1-4251 REV. R DATED 05/26/2023.

INSTALLED WIPAIRE LANDING GEAR POSITION ADVISORY SYSTEM IAW STC SA39CH AND INSTALLATION DRAWINGS 1008359 REV. F DATED 05/26/2023.

REVISED WEIGHT AND BALANCE AND EQUIPMENT LIST.

\*\*\*\*\*  
END\*\*\*\*\*

☐ Additional Sheets Are Attached