



US Department
of Transportation
Federal Aviation
Administration

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

Form Approved
OMB No. 2120-0020
2/28/2011

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 N318DS	Serial No. 40.1137	
	Make DIAMOND AIRCRAFT IND INC	Model DA 40	Series
2. Owner	Name (As shown on registration certificate) SUNSET KEY VENTURES LLC	Address (As shown on registration certificate) Address 2213 CENTER SPRING CT	
		City RALEIGH State NC Zip 27603-5435 Country UNITED STATES	


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 PREMIER AIRCRAFT SERVICE INC		<input type="checkbox"/> U. S. Certificated Mechanic	<input type="checkbox"/> Manufacturer
Address 5540 NW 23RD AVE HANGAR 14		<input type="checkbox"/> Foreign Certificated Mechanic	C. Certificate No.
City FT LAUDERDALE State FLORIDA		<input checked="" type="checkbox"/> Certificated Repair Station	
Zip 33309 Country UNITED STATES		<input type="checkbox"/> Certificated Maintenance Organization	9PRR402B

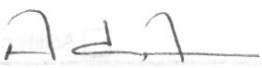
D. I certify that the repair and/or alteration made to the unit(s) identified in item 5 above and described on the reverse or attachments hereto have been made in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the information furnished herein is true and 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 ADRIAN ARIAS  04-11-2012
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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 Flt. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport
	FAA Designee <input checked="" type="checkbox"/>	Repair Station	Inspection Authorization	Other (Specify)

Certificate or Designation No. 9PRR402B	Signature/Date of Authorized Individual ADRIAN ARIAS  04-11-2012
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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.)

N318DS

04-11-2012

Nationality and Registration Mark

Date

1. INSTALLED LANDING & TAXI LIGHT CONTROLLER MODEL No 9200-00-A/B PER STC# SA01861SE HELD BY SEATON ENGINEERING CORP, GREEN ACRES WA. IAW SEATON ENGINEERING FAA APPROVED MASTER DRAWING, DOC 9150-001 REVISION G DATED JUNE , 2009.

2. UPDATED EQUIPMENT LIST AND POH. NO SIGNIFICANT CHANGE IN WEIGHT & BALANCE.

3. REFERENCE SEATON ENGINEERING DOCUMENT No 9150-008, REV D DATED JULY 10, 2009 FOR INTRUCTIONS FOR CONTINUED AIRWORTHINESS.

-----END-----

☐ Additional Sheets Are Attached



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2. Owner	Name (As shown on registration certificate) SUNSET KEY VENTURES LLC	Address (As shown on registration certificate) 2213 CENTER SPRING CT
		City RALEIGH State NC Zip 27603-5435 Country UNITED STATES

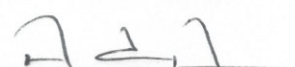
3. For FAA Use Only

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 PREMIER AIRCRAFT SERVICE INC	Address 5540 NW 23RD AVE HANGAR 14 City FT LAUDERDALE State FLORIDA Zip 33309 Country UNITED STATES	<input type="checkbox"/> U. S. Certificated Mechanic	Manufacturer
		<input type="checkbox"/> Foreign Certificated Mechanic	C. Certificate No.
		<input checked="" type="checkbox"/> Certificated Repair Station	9PRR402B
		<input type="checkbox"/> Certificated Maintenance Organization	

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Extended range fuel per 14 CFR Part 43 App. B <input type="checkbox"/>	Signature/Date of Authorized Individual ADRIAN ARIAS  04-11-2012
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	FAA Designee <input checked="" type="checkbox"/>	Repair Station	Inspection Authorization	

Certificate or Designation No. 9PRR402B	Signature/Date of Authorized Individual ADRIAN ARIAS  04-11-2012
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N318DS

04-11-2012

Nationality and Registration Mark

Date

1) Installed Seamech International , R-134a coolant air conditioner system in accordance with STC SA03674AT held by Premier Aircraft Service, Inc., Ft. Lauderdale, FL. Per the STC, this installation was carried out in accordance with DER Services, Inc. Master Document List MDL-2006-020-1 revision I, dated 11/29/2011.

2) Revised weight and balance, equipment list, and added POH supplement.

3) Reference Seamech International document # ASI-772216A, Vapor Cycle Air Conditioning With Automatic Climate Control for Instructions for Continued Airworthiness.

END

A. Unit Identification		B. Type	
Serial No.	Model	Revision	Part
(As described in item 1 above)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

C. Conformity Statement		D. Agency Name and Address	
Signature of Authorized Individual	Date	Signature of Authorized Individual	Date
ADRIAN ARIAS	04-11-2012		

E. Approval for Return to Service		F. Approval for Return to Service	
Signature of Authorized Individual	Date	Signature of Authorized Individual	Date

G. Additional Information		H. Additional Information	
Signature of Authorized Individual	Date	Signature of Authorized Individual	Date

☐ Additional Sheets Are Attached