Acft. Total Time:_____ **Airworthiness Directive Compliance Record** Acft Reg. # N_____

Date:_____ **Note:** When properly completed, this form meets the requirements of FAR 43.9, 43.11, and 91.417 recording requirements

Aircraft / Powerplant / Propeller / Appliance . Make:_____ Model: _____ Serial:_____

AD Number Rev # Ammend#	**Subject**	**Method of Compliance**	Date of compliance	**One Time**	**Recu-rring**	Acft & or component Total Time	**Next Due** Time/Date	**Authorized Signature Certificate type and number**