EAA TECHNICAL COUNSELOR VISIT REPORT

For Builder to complete				
EAA #	Chapter#	First Project?:	Yes □	No □
Last Name:	First Name:			
Address:				
City:	State:	Zip Code		
Email Address:	Telephone:			
Aircraft Make (e.g. Vans):		<u> </u>		
Aircraft Model (e.g. RV-7):				
Aircraft Registration (e.g. "N" Number):				
NOTE: The EAA Technical Counselor is a voluntee approve or "sign off" the aircraft or any aspect of their		n this capacity h	as no au	thority to
The EAA Technical Counselor Program is intended solely to facilitate informal contacts between homebuilders of aircraft and interested persons who have informed the Experimental Aircraft Association and/or its Chapters that they are available to render advice to such homebuilders. The EAA Technical Counselor is not an employee nor agent of the Experimental Aircraft Association or its Chapters. Neither the Association nor its Chapters make any representation as to the Counselor's experience or competence with respect to aircraft building or restoration. The builder agrees that he/she has read and understands the preceding, and consents to the distribution of this report to EAA Headquarters. Signature of Builder(s):				
For Technical Counselor to Complete				
Visit: Initial □ Recurrent □ Final □ Flying □ Date	e of Inspection: / /			
Name:	·			
Phone:				
Visit Comments/Activity Information	_			