

1. Approving Civil Aviation Authority / Country TRANSPORT CANADA		2. AUTHORIZED RELEASE CERTIFICATE FORM ONE			3. Form Tracking No. E4035
4. Organization Name and Address Coast Dog Aviation 11705 Baynes Road Pitt Meadows B.C. V3Y 2V1 (604) 465-7255					5. Work Order / Contract / Invoice E4035
6. Item 1	7. Description Indicator, Oxygen Pressure	8. Part No. 99-384042	9. Qty. 1	10. Serial/ Batch No. N/A	11. Status / Work Inspected/Tested
12. Remarks Oxygen pressure indicator inspected & function tested I.A.W. BE 90 MM 35-00-00. Removed serviceable from C-FJWU					
13a. Certifies that the items identified above were manufactured in conformity to: ☐ Approved design data and are in condition for safe operation. ☐ Non approved design data specified in block 12.			14a. ☒ CAR 571.10 Maintenance Release. ☐ Other regulation specified in block 12. Certifies that unless otherwise specified in block 12, the work identified in block 11 and described in block 12, has been performed in compliance with the <i>Canadian Aviation Regulations</i> (CARs).		
13b. Signature		13c. Approved Organization Number		14b. Signature W. A. B. L. ACA 1	
				14c. Approved Organization Number 87-10	
13d. Name		13e. Date (dd-mm-yyyy)		14d. Name Dale Floyd	
				14e. Date (dd-mm-yyyy) 03-10-2025	

INSTALLER RESPONSIBILITIES

This certificate does not constitute authority to install.

Installers working in accordance with the national regulations of a country other than that specified in block 1 must ensure that their regulations recognize certifications from the country specified. Statements in blocks 13a or 14a do not constitute installation certification. In all cases, the technical record for the aircraft must contain an installation certification issued in accordance with the applicable national regulations before the aircraft may be flown.

Coast Dog Aviation Ltd.

Work Sheet Form #13

Work Order No. E-4035

Page No. 1

Part Number: <u>99-384042</u>	Serial Number: <u>N/A</u>	Owner/Customer: <u>AVENGAERO</u>
Part Description: <u>OXYGEN PRESSURE INDICATOR</u>	Quantity: <u>1</u>	P/O # <u>N/A</u>
Date: <u>OCT 06/25</u>	Due Date: <u>OCT 06/25</u>	Form One Issued: Yes: ☒ No: ☐

Item No.	Defect	Rectification	Done By	Signature	ACA/SCA No.	Date
<u>1</u>	<u>INSPECT/TEST</u>	<u>OXYGEN PRESSURE INDICATOR INSPECTED</u>				
		<u>& FUNCTION TESTED I.A.W. BE90MM 35-00-00</u>	<u>WA</u>	<u>WABEL</u>	<u>1</u>	<u>06 OCT 2025</u>

