



Alta Avionics, LLC

**FORMS MANUAL
(FM)**

CRS# JN1R0210

1887 South 1800 West

Woods Cross, UT 84087

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Quality Assurance Manager/Date

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2 Record of Revision – Forms Manual (FM)

Revision Identification	Revision Date	Description of Revision	Repair Station Approval
1.0	5/2021	Initial Version Complete	See 'List of Effective Pages'

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4 Introduction

Alta Avionics, LLC is an avionics repair facility providing maintenance, repair, and installation of avionics systems for various types of aircraft.

This Forms Manual has been prepared in accordance with the current Code of Federal Regulations (CFR's), and the policies of Alta Avionics, LLC.

This manual contains the forms used by Alta Avionics, LLC, examples, and their method of completion, to comply with 14 CFR Part 145.

Each supervisor, inspector, and all personnel working for Alta Avionics, LLC will have access to this manual. All personnel are required to thoroughly understand its contents.

This Forms Manual is accepted by the FAA, and will be maintained in a current status at all times.

5 Manual Control

This manual will be stored on Alta Avionics main computer. Each employee will be trained on the procedure to access all the manuals at the time of hiring. In addition, a printed copy will be kept in the repair station's General Manager's office.

The General Manager will be notified by a department supervisor in the event this manual is not current, and valid for that department's use, and will identify needed changes using form A-MCR (Manual Change Request). A sample of this form is found in the Forms Manual. The General Manager will have the revisions found necessary, produced in a final form. The proposed revisions will be submitted to the FAA/CHDO (Certificate Holding District Office) in electronic format (PDF) for acceptance. The FAA Coordinator will revise manuals as required, and explain the revisions to all employees. An entry into each employee's training record will be added after each employee has been trained to verify and acknowledge the understating of each revision. Upon approval by an authorized Repair Station representative, the repair station will commence operating within the guidelines of the new revision. The "List of Effective Pages" will reflect the Approval/Acceptance of the current revision. A file will be maintained, showing on a continuous basis, the disposition of each manual change. The FAA/CHDO will be notified each time a revision to this manual is needed. Revised areas will be identified by a vertical bar in the margin.

Revisions found "un-acceptable" to the FAA/CHDO, which do not conform to applicable regulations, will be addressed by this repair station as a top priority. The identified procedure or action will cease, and acceptable changes implemented immediately. The maintenance/administrative actions that were performed under revisions found "unacceptable" by the FAA/CHDO will be addressed in the following order:

Safety of Flight: Aircraft operator to be notified immediately, and advised that aircraft is to remain on the ground until this repair station can correct the problem, or coordinate with another certified repair station to correct the problem.

Procedure/Record Keeping: Aircraft operator to be notified immediately, and advised of the problem. The operator will have the option to operate the aircraft until the problem can be corrected.

Problems that do not affect aircraft and/or appliances will be dealt with internally and immediately, to correct them.

5.1 Additional Fixed Locations

All additional fixed locations under Alta Avionics, LLC will also be supplied with a direct link on every computer terminal. Each employee will be trained on the procedure to access all the manuals during their initial training. A stored copy will be supplied to each facility in case of computer failure.

6 General Description

This section provides a summary and general description of each form or tag used by Alta Avionics, LLC. For further detail on any given form, refer to the matching, corresponding subsection in Chapter 6 “Forms”. For example, for more information on Form A-ACT (Airspeed Calibration Test) which is section 5.1 in this General Description, refer to section 6.1 in Chapter 6 – Forms.

Alta Avionics uses a standard nomenclature to provide succinct and easily identifiable names to the forms, tags, log entries, stickers etc that are used for normal day to day work. This nomenclature is used to help avoid confusion and provide simple correlation between the form and its function. e.g. A-WO (Work Order)

This nomenclature is described below:

1. Characters 1-2 are used to describe the ‘type’ of form being used.
 - a. The first character is always an ‘A’ to describe ‘Alta Avionics, LLC’ and that this form is defined and used exclusively by Alta Avionics, LLC.
 - b. The 2nd character (or lack of a 2nd character) describes the specific ‘type’ of form.
 - i. No character after the ‘A’ indicates that this is a standard form
e.g. A-WO (Work Order)
 - ii. ‘A’
An ‘A’ after the initial ‘A’ indicates that this is an ‘Audit’ form, used in Audit activities at Alta Avionics, LLC.
e.g. AA-AR (Audit Request)
 - iii. ‘L’
An ‘L’ after the initial ‘A’ indicates that this is a ‘Log Entry’ type of form used when creating log entries for work completed at Alta Avionics, LLC.
 - iv. ‘T’
A ‘T’ after the initial ‘A’ indicates that this is a Tag, Sticker or Label type of form used at Alta Avionics, LLC.
2. Character 3 (or 2nd character in the case of a standard form) is a ‘-’ (hyphen) to separate the type of form from the specific name of the form.
3. Characters after the ‘-’ (hyphen) is a descriptive acronym for the form name and can be up to 6 characters in length.
e.g. AA-AR
 - a. AA – indicates that this is a Alta Avionics, LLC form of type Audit.

Forms not defined or provided by Alta Avionics, LLC will use the name of the entity that created/defined the form and then the name of the form as defined by that entity.

e.g. Form 8130-3 as provided/defined by the Federal Aviation Administration is named as 'FAA-8130-3'

6.1 Form A-ATC-TMSI (ATC Transponder and Mode S Inspection)

This form is used when testing and inspecting the operation of a Transponder appliance. The completed form will be added to the workorder and any appropriate records.

6.2 Form A-ATI (Altimeter Test/Inspection)

This form is used when Testing/Inspecting the condition and operation of an Altimeter as per 14 CFR Part 43, Appendix E. The completed form will be added to the workorder and any appropriate records.

6.3 Form A-CC (Certificate of Calibration)

This form is used to document the calibration of instruments/appliances that are calibrated under standards that are based on NIST standards or derived. The completed form will be added to the workorder and any appropriate records.

6.4 Form A-CLSE (Capabilities List Self-Evaluation)

This form will be used to evaluate the proposed repair station that is requesting an added capability to the Ops Specs' limited rating.

6.5 Form A-ETR (Employee Training Record)

This form is used to document ongoing and recurrent training of all employees of Alta Avionics LLC. Completed forms will be scanned into the appropriate employee training records.

6.6 Form A-MCR (Manual Change Request)

This form is used to request a change any of Alta Avionics, LLC manuals. This form will be completed and given to the General Manager. The manuals may be revised if deemed necessary.

6.7 Form A-RTL (Required Training Log)

This form is used to document required training for employees. This form will be completed and maintained by the employee's supervisor, showing the type, date, and who trained the employee. This form will be added to the employee's Training Records.

6.8 Form A-TECIF (Test Equipment Calibration and Inspection Form)

This form is used for inhouse equipment calibration. This form will be completed by the technician performing the calibration of the equipment, and will be signed by an inspector. The completed form will be added to any appropriate records.

6.9 Form A-WO (Work Order)

This repair station will utilize a company work order, identified by a number, containing the customer's name, date, and appropriate identification required to identify any part, unit, or aircraft. This work order will list all work on the front that is to be accomplished, in sufficient detail, that it will be readily understandable to the workman. The work order will contain all pertinent documentation pertaining to the repair items listed on the front of the work order. The completed work order will be stored in Alta Avionics, LLC computer system.

6.10 Form A-WOC (Work Order Continuation)

This repair station will utilize a Work Order Continuation page, as necessary, to document all work and pertinent documentation pertaining to the repair items listed. The completed work order and work order continuation pages will be stored in Alta Avionics, LLC computer system.

6.11 Form AA-AFCA (Audit Findings/Corrective Action)

This form is used to document findings and corrective actions for audits. Upon completion, forms are to be electronically filed with appropriate audit in Alta Avionics, LLC computer system.

6.12 Form AA-IA (Internal Audit)

This form is used for the internal audit function of the different departments and/or areas within the company. Upon proper completion, forms are to be electronically stored in Alta Avionics, LLC computer system.

6.13 Form AL-ACMR (Log Entry – Air Carrier Maintenance Release)

This for is used for Air Carrier logbook entries upon the aircraft being released back into service. The technician will document the applicable information when completing tests/inspections, and it will be signed by an authorized inspector. This sticker is to be placed in aircraft logbook, and electronically stored.

6.14 Log AL-ATI (Log Entry – Altimeter Test and Inspection)

This sticker is used as a Log Entry for Altimeter tests and inspections The technician will document the applicable information when completing tests/inspections per 14 CFR Parts 91.411, 91.413, 91.217, and it will be signed by an authorized inspector. This sticker is to be placed in aircraft logbook, and electronically stored.

6.15 Log AL-GAMR (Log Entry – General Aviation Maintenance Release)

This for is used for General Aviation logbook entries upon the aircraft being released back into service. The technician will document the applicable information when completing tests/inspections, and it will be signed by an authorized inspector. This sticker is to be placed in aircraft logbook, and electronically stored.

6.16 Label AT-AT (Article Tag)

This sticker/tag/label is used to identify an article with a WO and indicate that this item is or may be under warranty.

6.17 Label AT-CS (Calibration Sticker)

This sticker is used for “in-house” equipment calibration. When the calibration is completed, this sticker will be completed by the technician, and placed on the equipment.

6.18 Tag AT-LST (Locator/Status Tag)

This tag may be used to identify and/or locate parts or appliances. The Parts Inspector can attach this tag to parts or appliances to aid the technician in locating the item. When the tag is removed, it is destroyed.

6.19 Tag AT-Q (Quarantine)

This tag is placed on items to be scrapped. The technician and/or inspector will place a completed tag on parts/appliances to be scrapped. When the parts/appliances have been scrapped, and documented in the proper manner, the tag will be destroyed.

6.20 Tag AT-RAS (Removed As Serviceable)

This tag is used to identify parts or appliances. The technician will complete, and attach this tag, to equipment removed during maintenance. It will remain attached to the equipment until reinstallation, and then destroyed.

6.21 Tag AT-RFS (Repairable-For Storage)

This tag is used to identify items that are repairable, to be placed in storage. The technician and/or inspector will complete, and attach this tag, to repairable items that are going to be placed into storage awaiting repair. The tag will be removed and destroyed, when unit is repaired, and documented as serviceable.

6.22 Tag AT-RIT (Reject Item Tag)

This tag is placed on a rejected item. A technician and/or inspector will attach a properly completed tag to rejected parts. This tag will remain with the part and returned to the customer, or scrapped.

6.23 Tag AT-SLI (Shelf Life Item)

This tag will be attached to all shelf life items. This tag will be completed by the Parts Inspector, showing a Control #, and expiration date, and attached to each shelf life item. The tag will remain on each item until used, or disposed of.

6.24 Label AT-T43 (Tested Sticker)

This sticker is used for altimeter tests. When an altimeter has been tested per 14 CFR Part 43, Appendix E. The technician will complete, and place the sticker on the altimeter.

6.25 FAA Form 337 – Major Alteration or Repair

This report is required to be filed with the FAA (FSDO) upon any major alteration or repair to an aircraft. 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). The completed form will be stored in Alta Avionics, LLC computer system.

6.26 FAA Form 8130-3 Airworthiness Release Certificate

This form will be attached to repaired and/or tested units that are found to be serviceable. It will be completed and signed by an authorized inspector and remain with the unit. The completed form will be stored in Alta Avionics, LLC computer system.

6.27 Format of Logbook Entries

There are multiple formats for logbook entries used by Alta Avionics, LLC They may be handwritten, or computer generated. They are completed and signed by an authorized inspector at the completion of work. They are given to the aircraft owner and will be stored in Alta Avionics, LLC computer system.

Examples of these forms can be found in the following sections

7 Forms

This section describes the forms, log entries, tags, stickers and labels as used at Alta Avionics, LLC.

7.1 AL-ATC-TMSI : ATC Transponder and Mode S Inspection

Alta Avionics LLC

1887 S. 1800 W. Woods Cross, UT, 84087

CRS# JN1R0210

ATC TRANSPONDER AND MODE S INSPECTION 14 CFR PART 43, APPENDIX F

DATE: _____ W/O # _____ TAIL # _____ S/N _____

Inspection(s) in Accordance With 14 CFR Part 43, Appendix F

Transponder #1**Transponder #2**

Mfg. _____ Mfg. _____

Model _____ Model _____

P/N _____ S/N _____ P/N _____ S/N _____

Radio Reply Frequency 1087 to 1093 MHz ☐
Mode S 1089 TO 1091 ☐Radio Reply Frequency 1087 to 1093 MHz ☐
Mode S 1089 TO 1091 ☐Peak Output Power > 125 and < 500 Watts ☐Peak Output Power > and < 500 Watts ☐Mode S TX Power > 125 and < 500 Watts ☐Mode S TX Power > 125 and < 500 Watts ☐SLS 0 db ☐ 1% < Reply RateSLS 0 db ☐ 1% < Reply RateReply Rate (-9db) ☐ 90% > ReplyReply Rate (-9db) ☐ 90% > ReplyReceiver Sensitivity -66 to -77 dbm ☐
Mode 3/AReceiver Sensitivity -66 to -77 dbm ☐
Mode 3/AReceiver Sensitivity -66 to -77 dbm ☐
Mode CReceiver Sensitivity -66 to -77 dbm ☐
Mode CDifference ≤ 1 dbm ☐Difference ≤ 1 dbm ☐Receiver Sensitivity ☐
Mode S -68 TO -77 dbm 90% ReplyReceiver Sensitivity ☐
Mode S -68 TO -77 dbm 90% ReplyMode S Diversity Transmission Channel Isolation
[] > 20db (May require Antenna Isolation)Mode S Diversity Transmission Channel Isolation
[] > 20db (May require Antenna Isolation)Mode S Address _____
[] Correct ReplyMode S Address _____
[] Correct Reply

Mode S UF=0 [] UF=16 [] UF=21 []

Mode S UF=0 [] UF=16 [] UF=21 []

Formats UF=4 [] UF=20 [] UF=24 []

Formats UF=4 [] UF=20 [] UF=24 []

UF=5 []

UF=5 []

UF=11 [] DF=11 []

UF=11 [] DF=11 []

Mode S All Call PASS ☐ FAIL ☐Mode S All Call PASS ☐ FAIL ☐Antennas Secure & In Good Condition ☐Antennas Secure & In Good Condition ☐*SYSTEM PASSES ☐*SYSTEM PASSES ☐Note #1: Peak Output Power Radiated Class 1A Min 125 Watts
Class 1B Min 70 Watts

Note #2: Receiver Sensitivity Includes Additional -3dbm Allowed for Radiated Signals

THE ABOVE INSPECTION(S) PERFORMED WITH THE TRANSPONDER(S) INSTALLED IN THE AIRCRAFT.**TESTED BY*****NOTE: CHECK IN BOX INDICATES PASS, BLANK BOX TEST N/A**

Tester - ID # _____

A-ATC-TMSI(05-21)



801-550-5676

Page 1 of 1

7.1.1 Instructions for Form Use : AL-ATC-TMSI : ATC Transponder and Mode S Inspection

- 1) Enter the date the work is performed
- 2) Enter the Work Order on which the work is being performed
- 3) Enter the aircraft registration number
- 4) Enter the aircraft Serial Number
- 5) Transponder #1 enter the name of the Manufacturer of the transponder
- 6) Transponder #1 enter the Model of the transponder
- 7) Transponder #1 enter the Part Number of the transponder
- 8) Transponder #1 enter the Serial Number of the transponder
- 9) Transponder #1; place an X in the boxes for each parameter for each corresponding test
- 10) Transponder #1; visually inspect the antenna in accordance with manufacturer's recommendations, place an X in the box to denote satisfactory results
- 11) Transponder #1; place an X in the System Pass box if all tests were satisfactory
- 12) Transponder #2 enter the name of the Manufacturer of the transponder
- 13) Transponder #2 enter the Model of the transponder
- 14) Transponder #2 enter the Part Number of the transponder
- 15) Transponder #2 enter the Serial Number of the transponder
- 16) Transponder #2; place an X in the boxes for each parameter for each corresponding test
- 17) Transponder #2; visually inspect the antenna in accordance with manufacturer's recommendations, place an X in the box to denote satisfactory results
- 18) Enter the name of the person performing the inspections and tests
- 19) Enter the test and inspection equipment Identification Number

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

7.2 A-ATI : Altimeter Test/Inspection

Altimeter Test/Inspection Per 14 CFR Part 43, Appendix E

WO# _____

MFR. _____

ENCODER/ADC MFR. _____

PILOT ALT.
CO-PILOT ALT.
STBY ALT.

PART # _____

PART # _____

MODEL # _____

MODEL # _____

S/N _____

S/N _____

Scale Error

Altitude	Norm	Stby	Tol.	Encoder	Friction	Tol.
-1,000			20			NA
0			20			NA
500			20			NA
1,000			20			70
1,500			25			NA
2,000			30			70
3,000			30			70
4,000			35			NA
5,000			NA			70
6,000			40			NA
8,000			60			NA
10,000			80			80
12,000			90			NA
14,000			100			NA
15,000			NA			90
16,000			110			NA
18,000			120			NA
20,000			130			100
22,000			140			NA
25,000			155			120
30,000			180			140
35,000			205			160
40,000			230			180
45,000			255			NA
50,000			280			250

Barometric Scale Error

Barometric Scale	Altitude Difference Ref.	Altitude Difference
28.10	-1727	
28.50	-1340	
29.00	-863	
29.50	-392	
29.92	0	
30.50	+531	
30.90	+893	
30.99	+974	
Tolerance = ± 25 Feet		

Hysteresis

% of Alt.	Up Reading	Down Reading
40%		
50%		
Tolerance = ± 75 Feet		

Case Leak

Case Leak @ 18,000' =
Tolerance = ± 100 Ft. Per Min.

After Effect Test

Test Set Ref	Initial Alt.	After Test
Tolerance = ± 30 Feet @ 29.92 in.hg		

Note: Maintain Altimeter at each Test Point for at least one (1) minute before reading Scale Error.

Note: The difference between the altitude displayed at the altimeter and the automatic reporting output should not exceed 125 ft

Note: Approach Friction Test Points at 750 Ft. per minute.

Note: Altitude/Feet---Pressure/Inches of mercury

N# _____

Date: _____

Tester ID # _____

Tested by: _____

Inspection Record

Preliminary	Hidden Damage	In Progress #1	In Progress #2	Final	MDR Req



7.2.1 Instructions for Use : A-ATI : Altimeter Test / Inspection

- 1) Enter the Work Order number on which the work is being performed
- 2) Place an X in the box next to the position of the Altimeter
- 3) Enter the name of the Manufacturer of the Altimeter
- 4) Enter the Part number of the Altimeter
- 5) Enter the Model number of the Altimeter
- 6) Enter the Serial Number of the Altimeter
- 7) Enter the name of the Manufacturer of the Encoder or Air Data Computer
- 8) Enter the Encoder or Air Data Computer Part Number
- 9) Enter the Model of the Encoder or Air Data Computer
- 10) Enter the Serial Number of the Encoder or Air Data Computer
- 11) Enter the Scale Error next to each parameter
- 12) Enter the Barometric Scale Error next to each parameter
- 13) Enter the value of Hysteresis for each parameter
- 14) Enter the value of the Case Leak as tested
- 15) Enter the values for the three (3) parameters of the After Effect following the test
- 16) Enter the aircraft registration number
- 17) Enter the date on which the Altimeter Test was completed
- 18) Enter the Identification number of the test equipment used
- 19) Enter the name of the person who performed the Altimeter Test
- 20) Place employee initials in the boxes for each Inspection approved

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions.
In cases where data is not required, DO NOT leave blank; enter N/A.

7.3 A-CC : Certificate of Calibration

**Alta Avionics, Inc.
Certificate of Calibration**

Manufacturer: _____
Model: _____
Description: _____
Serial Number: _____
Customer: _____
Work Order: _____

Calibration Procedure: _____
Environmental Conditions: _____

Remarks: _____

This Unit was Received ☐ In Specification ☐ Out of Specification

This certificate attests that this instrument has been calibrated under the stated conditions with standards that are traceable to the National Institute of Standards and Technology (NIST) or derived from accepted values of natural physical constants or derived by ratio type of self-calibration. Evidence of traceability is available and on file at our Facility.

Standards Utilized for this Calibration

Equip. ID	Manufacturer	Model	Serial Number	Due Date

Calibration Date: _____

Calibration Due: _____

Calibrated By

CRS# JN1R0210
1887 SOUTH 1800 WEST
Woods Cross, UT 84087



7.3.1 Instructions for Form Use : Certificate of Calibration

1. Enter the name of the manufacturer for the unit being calibrated
2. Enter the model number of the unit being calibrated
3. Enter a description (nomenclature) of the unit being calibrated
4. Enter the serial number of the unit being calibrated
5. Enter the name of the customer who submitted the unit to be calibrated
6. Enter the work order number on which the work is being performed
7. Enter a description of the calibration procedures applicable to the unit being calibrated
8. Enter a description of the environmental conditions at the time the unit was being calibrated
9. Enter remarks pertaining to the unit being calibrated
10. Annotate in the boxes provided, the status the unit was found to be upon arrival
11. List all equipment and standards used to accomplish the calibration
12. Enter the date the calibration was completed
13. Enter the next calibration due date, based on the interval prescribed for the unit being calibrated
14. Enter the name of the person who performed the calibration

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

7.4 A-CLSE : Capabilities List Self-Evaluation

Alta Avionics, LLC Capabilities List Self-Evaluation Form

Description of
desired capability:

Facility:

1. Repair station: CRS# JN1R0210, 1887 SOUTH 1800 WEST, Woods Cross, UT 84087
2. Are there adequate housing and facilities for desired capability?

☐ YES ☐ NO

Describe housing facility
for desired capability:

Requirements:

1. Does the desired facility possess the proper tools needed for this capability?

☐ YES ☐ NO

Description of Tools
needed:

2. Does the desired facility possess the proper equipment and materials needed for the capability?

☐ YES ☐ NO

Description of Tools
needed:

*in the case of using equivalents, please specify.

3. Does the repair station have the proper technical data and processes?

☐ YES ☐ NO

Description of technical
data and source for data:

4. Does the repair station have properly trained personnel?

☐ YES ☐ NO

Repair Station Acceptance: _____ . Date: _____



7.4.1 Instructions for Form Use : A-CLSE : Capabilities List Self-Evaluation

1. Enter a description of the capability sought Facility;
 - a. The repair station with managerial control of its satellite repair stations must hold the capability prior to that capability being held by a satellite repair station
 - b. Select Yes or No, regarding housing and facilities
 - c. Describe the housing and facilities which are required to support the added capability
2. Requirements;
 - a. Select Yes or No, regarding the possession of proper tooling
 - i. Describe the type of tooling required
 - b. Select Yes or No, regarding the possession of proper equipment and materials
 - i. Describe the type of equipment and materials required
 - c. Select Yes or No, regarding the possession of the proper technical data required
 - i. Describe the type of technical data required
 - d. Select Yes or No, regarding the repair station employee for proper training
 - i. Describe the type of training required
3. Acceptance;
 - a. Provide the completed form to the Quality Assurance Manager
 - i. The Quality Assurance Manager will sign and date the form, and present to the President for final acceptance

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

7.5 A-ETR : Employee Training Record

CRS# JN1R0210
1887 SOUTH 1800 WEST
Woods Cross, UT 84087

Employee Training Record

Employee Name	
Certificate Number (Repairman)	
Type of Training	
Method of Training (Classroom, Factory, OJT, ETC.)	
Length of Training (Hours)	
Location of Training	
Name of Instructor	
Date of Training	
Qualified	
Employee Signature	
Supervisor's Signature	
Training Records	Date: _____ BY: _____



7.5.1 Instructions for Form Use : A-ETR : Employee Training Record

1. Enter the full name of the Employee
2. Enter the Certificate number (A, P, A/P, Repairman, etc.)
3. Enter the type of training (e.g. OJT, Classroom, Distant, etc.)
4. Enter the duration/length of training, in hours
5. Enter the location of training (organization, facility, factory, etc.)
6. Enter the name of the qualified instructor
7. Enter the date the training occurred (the day it was completed)
8. Enter Yes, or No, denoting whether the training was successful to establish proficiency in the skill being trained
9. Apply Employee signature to the completed form
10. Apply Supervisor's signature to the completed form
11. Enter the date on which the employee Training Records were updated
12. Enter the name of the person updating the employee Training Records

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

7.6 A-MCR : Manual Change Request

MANUAL CHANGE REQUEST

1. Enter name of manual, page, and current revision date to be revised.

2. Enter (or attach) the new text that is proposed as a change.

3. Write a brief explanation of the reason for the change.

4. Signature: _____ Date: _____

5. Action taken regarding proposed change:

☐ ACCEPTED ☐ REJECTED ☐ MODIFIED

6. Explanation of action:

7. Approval:

Signature: _____ Date: _____

Q. A. MANAGER

Signature: _____ Date: _____

CHIEF INSPECTOR

Signature: _____ Date: _____

GENERAL MANAGER



7.6.1 Instructions for Form Use : A-MCR : Manual Change Request

1. Self-explanatory
2. Self-explanatory
3. Self-explanatory
4. The employee requesting the manual change must sign
5. The employee requesting the manual change must date
6. The QA manager, Chief Inspector, or General manager will select one of the three status boxes
7. The QA manager, Chief Inspector, or General manager will outline what actions are to be taken (e.g. revise the manual, reject the request, etc.)
8. The QA manager, Chief Inspector, or General manager will sign and date the completed form

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

7.7 A-RTL : Required Training Log



Alta Avionics, LLC Required Training Log

Employee Name				
Hire Date				
Position				
Initial Supervisor				
Training Type	Frequency	Date	Instructor	Notes
Drug and Alcohol Training and Testing	Initial			
Repair Station Manuals	Ongoing Test Once			
Repair Station Work Orders	As Required			
General Forms and Procedures	As Required			
Incoming Material Inspection	As Required			
Equipment and Parts Handling	As Required			
Airport Operations	As Required			
Qualified Line Technician	As Required			
Qualified Bench Technician	As Required			
Inspection Authority	As Required			
Supervisor Qualification	As Required			
FAA Coordinator	As Required			
Quality Assurance	As Required			
Chief Inspector	As Required			
Additional Optional Training	Frequency	Date	Instructor	Notes

7.7.1 Instructions for Form Use : A-RTL : Required Training Log

1. Enter Employee full Name
2. Enter Employee original Hire Date
3. Enter Position currently held
4. Enter Supervisor Initials
5. For each Training Type listed;
 - a. Note the Training Type frequency (this is used to track recurring training)
 - b. Place the date the training was provided
 - c. Place the Instructor's full name in the space adjacent to the Training Type
 - d. Enter notes as necessary

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

7.8 Form A-TECIF (Test Equipment Calibration and Inspection Form)

Alta Avionics LLC

CRS# JN1R0210

Test Equipment Calibration and Inspection Form

Record# _____

Make _____ Model _____ S/N _____

Calibration Date _____ Next Calibration Date _____

This certificate shall not be reproduced except in full & with approval of Alta Avionics, LLC. We certify that this instrument meets or exceeds its published specification and has been calibrated using test equipment with accuracy traceable to the National Institute of Standards and Technology.

Reference Standards:

Make/Model _____ S/N _____ Record # _____

Make/Model _____ S/N _____ Record # _____

Make/Model _____ S/N _____ Record # _____

Make/Model _____ S/N _____ Record # _____

Make/Model _____ S/N _____ Record # _____

Make/Model _____ S/N _____ Record # _____

Calibrated By: _____

Inspected By: _____



7.8.1 Instructions for Form Use: A-TECIF : Test Equipment Calibration and Inspection Form


1. Create/Enter a Record number for this activity; Work Order Number and Work Traveler Number
2. Enter the equipment Manufacturer's name
3. Enter the Manufacturer's Model Number
4. Enter the Manufacturer's Serial Number
5. Enter the Calibration Date (the date on which the calibration was completed)
6. Enter the Next Calibration Date (due date) based on the manufacturer's established interval, or other established interval acceptable to the FAA
7. Reference Standards; standard used, record the following;
8. Make/Model, Serial Number, and Record Number (of previous calibration)
9. Enter the name of the person performing the Calibration
10. Enter the name of the person performing inspection of the work performed

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

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7.9 A-WO : Work Order

		Alta Avionics LLC 1887 S.Woods Cross, UT, 804087 (801)-550-5676		Work Order	
CSR: JN1R0210					
Customer: Phone:		Mail to: Bill to: Same as Mailing Address			
Aircraft: <input type="text"/> Appliance: <input type="text"/> Make: <input type="text"/> Model: <input type="text"/> Reg/ PN: <input type="text"/> SN: <input type="text"/>		Open Date: <input type="text"/> Notes: <input type="text"/>		Close Date: <input type="text"/>	
<u>Complaint</u> <div style="background-color: #cccccc; height: 40px; margin-top: 5px;"></div>					
Complaint Verified: Yes <input type="checkbox"/> No <input type="checkbox"/> Warranty: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Preliminary Insp		In Progress 1		In Progress 2	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
In Progress 3		Final Inspection		Hidden Damage	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Major Parts History / Repair				Q T Y	O N F
MFGR.	Model/Desc.	Part Number.	Serial Number	O F F	S V P
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference Document:				Software Revision: Service Bulletin:	
Type of Repair: Functional Test <input type="checkbox"/> Re-Certification <input type="checkbox"/> Repair <input type="checkbox"/> Inspection <input type="checkbox"/> Alteration <input type="checkbox"/> Overhauled <input type="checkbox"/>					
<u>Corrective Action</u> <div style="background-color: #cccccc; height: 60px; margin-top: 5px;"></div>					
Note: A major repair or alteration may require FAA Form 337 for return to service. This document will only serve as an Inspection record when FAA Form 337 is required for return to service. It will not constitute a return to service or supersede the requirement for a completed FAA Form 337.					
The above identified aircraft system or appliance was repaired in accordance with the current FAR's; manufacturer approved repair / overhaul data, and this repair station's Repair Stations and Quality Control Manuals as accepted by the FAA. It is the responsibility of the persons or agency installing the above appliance or operating this aircraft to ensure its airworthiness at time installation.					
Repair Technician		Authorized Inspector:		Approved For Return to Service	
Signature Required		Signature Required		Date: <input type="text"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	

A-WO

Version: Original

04/2021

7.9.1 Instructions for Form Use : Work Order

To Be Determined

7.10 A- WOC : Word Order Continuation

To Be Determined

7.10.1 Instructions for Form Use : Work Order Continuation

To Be Determined

7.11 AA-AFCA : Audit Findings/Corrective Action**Alta Avionics, LLC****CRS#JN1R0210****Audit Findings/Corrective Action**VENDOR AUDIT

COMPANY _____

CONTACT _____

ADDRESS _____

PHONE _____

DISCREPANCY

(CIRCLE ONE)

1. _____ NEW / REPEAT

2. _____ NEW / REPEAT

3. _____ NEW / REPEAT

4. _____ NEW / REPEAT

5. _____

AUDITOR _____ DATE _____

INTERNAL AUDIT

DEPT./AREA _____

DISCREPANCY

(CIRCLE ONE)

1. _____ NEW / REPEAT

2. _____ NEW / REPEAT

3. _____ NEW / REPEAT

4. _____ NEW / REPEAT

5. _____ NEW / REPEAT

AUDITOR _____ DATE _____

CORRECTIVE ACTION

1. _____

2. _____

3. _____

4. _____

5. _____

ROOT CAUSE/CORRECTIVE ACTION (EXPLAIN)

SIGNATURE _____ DATE _____

AUDITOR _____ DATE _____



7.11.1 Instructions for Form Use : AA-AFCA : Audit Findings/Corrective Action

7.11.1.1 *Vendor Audit;*

- 1) Enter the name of the Company undergoing the Audit
- 2) Enter the name of a primary point of contact for the Company undergoing the Audit
- 3) Enter the physical address of the facility, of the Company undergoing the Audit
- 4) Enter the telephone number of the Company, or point of contact for the Company undergoing the audit
- 5) Discrepancy; enter a brief description of the discrepancy reported, or discovered during the audit; circle either 'New' or 'Repeat', as appropriate
- 6) Auditor; provide the name of the person performing the audit
- 7) Date; enter the date the audit was completed Internal Audit;
- 8) Enter the Department or Area undergoing the Audit
- 9) Discrepancy; enter a brief description of the discrepancy reported, or discovered during the audit; circle either 'New' or 'Repeat', as appropriate
- 10) Auditor; provide the name of the person performing the audit
- 11) Date; enter the date the audit was completed
- 12) Root Cause; enter a clear definition of the root cause and corrective action, in sufficient detail so as to aid in resolution of the discrepancy, and avoid repeats
- 13) Place the signature of the person taking corrective action on this line
- 14) Date; enter the date the person corrected the discrepancy
- 15) Place the name of the auditor on this line
- 16) Date; enter the date the corrective action was verified by the auditor

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

7.12 AA-IA : Internal Audit

Alta Avionics, LLC

CRS# JN1R0210

INTERNAL AUDIT

Date of Audit: _____

Facility: _____ CRS#: _____

Department/Area: _____ Supervisor: _____

Auditor: _____ Audit Interval: _____

Audit Recommendations:

1. FACILITIES AND EQUIPMENT:

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
A. Is ventilation, lighting, temperature, and humidity? control adequate?	___	___	___
B. Is the floor plan laid out in an efficient manner?	___	___	___
C. Are good housekeeping practices being maintained?	___	___	___
D. When problems arise, are they taken care of promptly?	___	___	___

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YES NO N/A

2. STATION AUTHORITY AND LIMITATIONS VS. ACTUAL PRACTICES, INCLUDING CONTROLS OVER AND DEVIATION AUTHORITY:

A. Do employees thoroughly understand the ratings/limitations of the Alta Avionics Repair Station? ☐ ☐ ☐

B. Do employees adhere closely to the Repair Station ratings/limitations? ☐ ☐ ☐

C. Do employees consult a supervisor or inspector when questions arise concerning Repair Station ratings/limitations? ☐ ☐ ☐

3. PERSONNEL QUALIFICATIONS, TRAINING:

A. Are personnel properly trained for the functions they are to perform? ☐ ☐ ☐

- Supervisors ☐ ☐ ☐
- Inspectors ☐ ☐ ☐
- Receiving/Shipping ☐ ☐ ☐
- Technicians ☐ ☐ ☐

B. Are training records maintained on all applicable personnel? ☐ ☐ ☐

C. Is there a program where employees can get recurrent training? ☐ ☐ ☐

D. Are qualifications monitored and upgraded through training as often as the schedule of work allows? ☐ ☐ ☐

4. MANUALS AND AIRWORTHINESS DATA:

A. Are all required manuals at hand or easily available to all the employees? ☐ ☐ ☐

B. Are all manuals up to date or properly labeled as For Reference Only? ☐ ☐ ☐

AA-IA (05-21)



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	YES	NO	N/A
C. Are airworthiness records available to the employees?	___	___	___
D. Are drawings compiled from installation data for aircraft records? (Installation Dept)	___	___	___
E. Is there a system to prohibit hand entries or corrections to technical data?	___	___	___
5. SUPPLIER SELECTION APPROVAL AND SURVEILLANCE:			
A. Does parts/equipment orderer have access to a list of approved suppliers from whom they can order parts/equipment/materials/services?	___	___	___
B. Is purchased material cycled through an inspection process?	___	___	___
C. Is control maintained over procurement sources?	___	___	___
D. Does Alta Avionics have a system to approve suppliers?	___	___	___
6. PARTS AND MATERIALS HANDLING:			
A. Are parts/materials stored properly?	___	___	___
B. Is material protected from damage, deterioration, loss or substitution?	___	___	___
C. Has a secured area been set aside for storage of non-conforming or questionable material, including separation of received materials and marketable stock (radios, instruments, equipment, parts)?	___	___	___
D. Are aircraft parts stored separately from non aircraft parts?	___	___	___
E. Does the department adhere to the traceability and record keeping requirements for the distribution of these parts?	___	___	___

AA-IA (05-21)



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	<u>YES</u>	<u>NO</u>	<u>N/A</u>
F. Is the department able to identify the individual parts and equipment suppliers?	___	___	___
G. Does the department follow acceptable packaging preservation procedures?	___	___	___
H. Does the department use adequate packaging or customers packaging when appropriate?	___	___	___
I. Are parts/materials properly identified?	___	___	___
J. Are parts which are susceptible to electrostatic discharge damage properly packaged, handled and stored?	___	___	___
7. INSPECTION AND QUALITY CONTROL:			
A. Is the department following quality control and inspection procedures written into the Repair Station and Quality Control Manual?	___	___	___
B. Are the inspectors properly trained?	___	___	___
C. Is the inspection roster available to all employees of the department?	___	___	___
D. Are all inspections for installation and repairs performed at the proper intervals?	___	___	___
E. If the department inspector is absent, do the employees' of the department know where to find the alternate inspector?	___	___	___
F. Are inspections properly documented?	___	___	___
G. Are inspections conducted by authorized personnel only?	___	___	___
H. Do inspectors have access to current data necessary to support an acceptable inspection process?	___	___	___

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	YES	NO	N/A
I. Do inspectors have access to the proper tools, gauges, instruments, and test equipment to properly inspect the characteristics of the product?	___	___	___
8. TOOL ADEQUACY AND CALIBRATION:			
A. Is all test equipment within the department marked with a CAL tag giving the CAL date, CAL due date, and CAL BY info?	___	___	___
B. Do the employees of the department, including department head, check the CAL dates on a regular basis?	___	___	___
C. Do the department supervisors know where the test equipment quarantine area is for test equipment found defective or out of CAL?	___	___	___
D. Is the test equipment properly cared for while in use or in storage?	___	___	___
E. Does the department have available to it all of the required test equipment for the range of jobs it performs?	___	___	___
F. Does the department have available to it all of the required tooling, crimpers, removal and insertion tools?	___	___	___
9. MAINTENANCE RELEASE PROCESS:			
A. Are all of the forms properly filled out for receiving an aircraft for an installation?	___	___	___
B. When the equipment or aircraft repair is completed, are the return to service forms properly filled out, and complete with all required inspections?	___	___	___
C. When outside work is required, are the proper maintenance releases received from them and documented?	___	___	___
10. DEFECT REPORTING:			
A. Are defects being reported when they occur in paperwork equipment, parts, or any process thereof?	___	___	___

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CRS# JN1R0210

YES NO N/A

11. RECORDS AND RECORD KEEPING PROCEDURES:

- | | | | |
|--|-----|-----|-----|
| A. Are records for the department for parts, repairs, and ongoing inspections being complied with as described in Alta Avionics, Inc. Repair Station Manual? | ___ | ___ | ___ |
| B. Are the above mentioned records being kept in storage for the required time? | ___ | ___ | ___ |
| C. Does each part have a traceability certificate that can be linked to an approved vendor? | ___ | ___ | ___ |
| D. Does Alta Avionics purchase records/sales order chain of custody lead to production approval holder (PMA, TSO, PC, TC, STC Holder) or manufacturer of standard parts? | ___ | ___ | ___ |
| E. Is serial number traceability maintained when applicable? | ___ | ___ | ___ |

12. SHELF LIFE ITEMS:

- | | | | |
|--|-----|-----|-----|
| A. Does the department follow Alta Avionics documented shelf life program? | ___ | ___ | ___ |
| B. Are expired shelf life items properly disposed of? | ___ | ___ | ___ |

AA-IA (05-21)



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7.12.1 Instructions for Form Use : AA-IA : Internal Audit

1. Enter the date of the Audit (scheduled or otherwise)
2. Enter the title of the Facility undergoing the Audit (e.g. Henderson, Apple Valley, etc.)
3. Enter the repair station certificate number
4. Enter the name of the department or area undergoing the Audit (e.g., Stock Room, Repaired Unit Storage Area, etc.)
5. Enter the name of the Supervisor responsible for the department or area undergoing the audit
6. Enter the name of the Auditor
7. Enter the typical interval or scheduled Audit Interval
8. Enter a brief description of Recommendations under which the Audit will be conducted
9. Facilities and Equipment; these audit element questions are self-explanatory, review and answer all audit element questions
10. Authority and Limitations and Actual Practices; these audit element questions are self-explanatory, review and answer all audit element questions
11. Personnel Qualifications and Training; these audit element questions are self-explanatory, review and answer all audit element questions
12. Manuals and Airworthiness Data; these audit element questions are self-explanatory, review and answer all audit element questions
13. Supplier Selection Approval and Surveillance; these audit element questions are self-explanatory, review and answer all audit element questions
14. Parts and Materials Handling; these audit element questions are self-explanatory, review and answer all audit element questions
15. Inspection and Quality Control; these audit element questions are self-explanatory, review and answer all audit element questions
16. Tool Adequacy and Calibration; these audit element questions are self-explanatory, review and answer all audit element questions
17. Maintenance Release Process; these audit element questions are self-explanatory, review and answer all audit element questions
18. Defect Reporting; these audit element questions are self-explanatory, review and answer all audit element questions
19. Records and Recordkeeping; these audit element questions are self-explanatory, review and answer all audit element questions
20. Shelf Life; these audit element questions are self-explanatory, review and answer all audit element questions

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

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7.13 AL-ACMR : Log Entry : Air Carrier Maintenance Release



1887 S. 1800 W. Woods Cross, UT 84087
(801) 550-5676

CRS# JN1R0210

FORM
AL-ACMR(05-21)

Tail#	Mfg:	Model:	Serial:	TTAF:	Hobbs:
-------	------	--------	---------	-------	--------

This is a Permanent Logbook Entry:

----- END -----

Air Carrier Maintenance Release – The above identified ☐Appliance☐Aircraft was repaired and inspected in accordance with current regulations of the FAA and in concurrence with air carrier operations specification, and is approved for return to service. Pertinent details of the repair are on file at this station under work order no.

Signed:

Date:

ALTA AVIONICS, LLC

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7.14 AL-ATI : Log Entry – Altimeter Test and Inspection



TAIL	MAKE:	MODEL:	S/N:	ACTT:
------	-------	--------	------	-------

THIS IS A PERMANENT LOGBOOK ENTRY – PERFORMED TEST AND INSPECTIONS IAW 14 CFR PART 43, APPENDIX E TO COMPLY WITH 91.411 ☐; APPENDIX F TO COMPLY WITH FAR 91.413 ☐; PART 91.217 ☐

AIRPORT ID	ALTITUDE	STATIC SYS TEST ALT	#1	#2	#3
------------	----------	---------------------	----	----	----

	MFG	MODEL	PART #	SERIAL #	TEST ALT
ALTIMETER #1					
ADC/ENCODER #1					
ALTIMETER #2					
ADC/ENCODER #2					
ALTIMETER #STBY					
TRANSPONDER #1					
TRANSPONDER #2					

PERTINENT DETAILS ARE ON FILE AT THIS REPAIR STATION UNDER W/O#

AUTH SIGNATURE: _____	DATE: <input type="text"/>	RECERT DUE DATE: <input type="text"/>
-----------------------	----------------------------	---------------------------------------

Maintenance release, this aircraft was inspected in accordance with current regulations of the FAA and is approved for return to service.

Alta Avionics, LLC, 1887 S 1800 W, WOODS CROSS, UT

CRS: JN1R0210

FORM AL-ATI(05-21)

7.14.1 Instructions for Form Use : AL-ATI : Altimeter Tests and Inspections

1. Enter an X in the box, if appropriate, denoting compliance with Appendix E & F of 14 CFR 43, as required by 14 CFR 91 §91.411
2. Enter an X in the box, if appropriate, denoting compliance with Appendix F of 14 CFR 43, as required by 14 CFR 91 §91.413
3. Static System Leak Check;
 - a. Enter the altitude, in feet, a given system is tested to
4. Location Performed; enter the airport identifier where the work was performed as the location
5. Equipment Identification;
 - a. For all installed equipment comprising the pitot/static/transponder system;
 - b. Enter the Manufacturer's name
 - c. Enter the Manufacturer's Model Number
 - d. Enter the Manufacturer's Part Number
 - e. Enter the Manufacturer's Serial Number
 - f. Enter the value (in feet above sea level) the individual equipage was tested
6. Enter the Work Order number under which the tests and inspections are being performed
7. Enter the aircraft Manufacturer's Model Number
8. Enter the aircraft Manufacturer's Serial Number
9. Enter the aircraft registration number
10. Enter the aircraft Hobbs (hour) Meter time
11. Enter the aircraft tachometer (hours) time
12. Enter comments regarding the performance or functionality, as needed
13. Apply the signature of the person authorized to perform the tests and inspections, and return for service
14. Enter the date on which the tests and inspections were completed

NOTE: Not all fields always require text entry. Contact your supervisor if there are questions. In cases where data is not required, DO NOT leave blank; enter N/A.

7.15 AL-GAMR : Log Entry : General Aviation Maintenance Release



1887 S. 1800 W. Woods Cross, UT 84087

CRS# TBD

FORM
AA-LE-GAMR(04-20)

Tail#	Mfg:	Model:	Serial:	TTAF:	Hobbs:
-------	------	--------	---------	-------	--------

This is a Permanent Logbook Entry:

General Aviation Maintenance Release – The above identified ☐ Appliance ☐ Aircraft was repaired and inspected in accordance with current regulations of the FAA and is approved for return to service. Pertinent details of the repair are on file at this station under work order no.

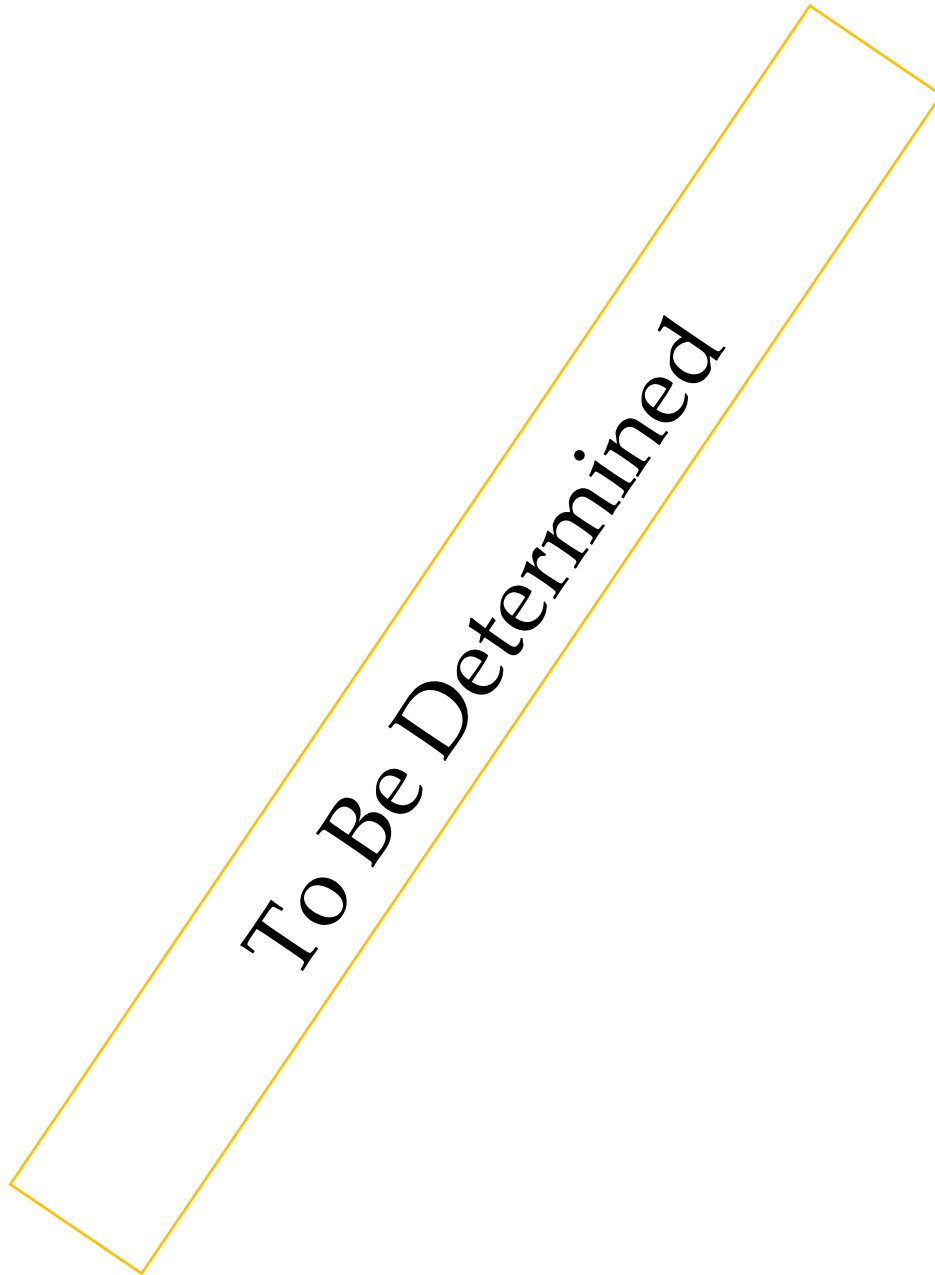
Signed:

Date:

7.16 AT-AT (Article Tag)

	Alta Avionics, LLC 801-550-5676
WARRANTY MAY APPLY	
OPS CHK <input type="checkbox"/>	OH <input type="checkbox"/>
REPAIRED <input type="checkbox"/>	TESTED <input type="checkbox"/>
THRU _____	REF# _____
CRS: JN1R0210	

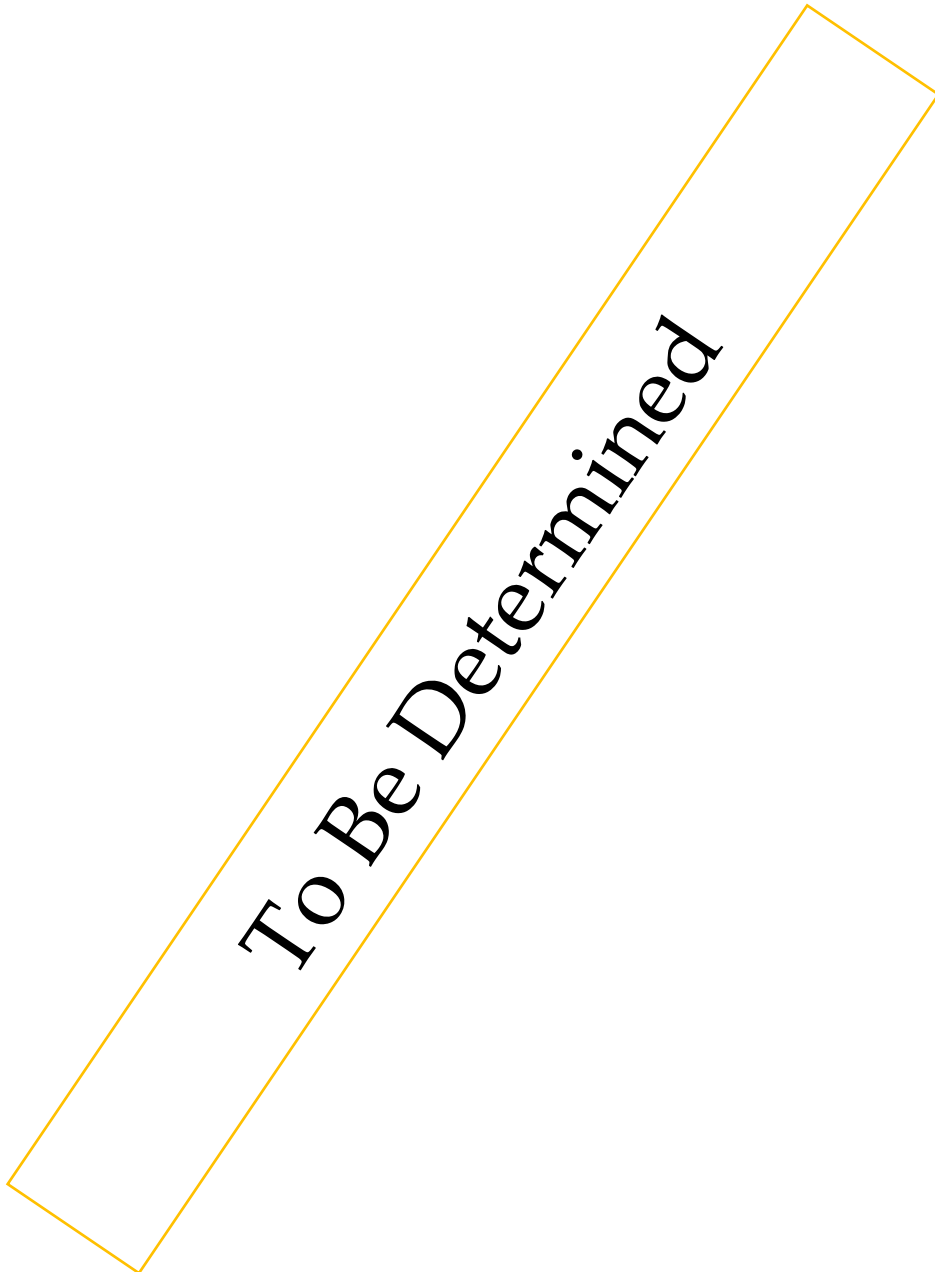
7.16.1 Instructions for Sticker/Tag/Label Use: AT-AT (Article Tag)



7.17 AT-CS (Calibration Sticker)



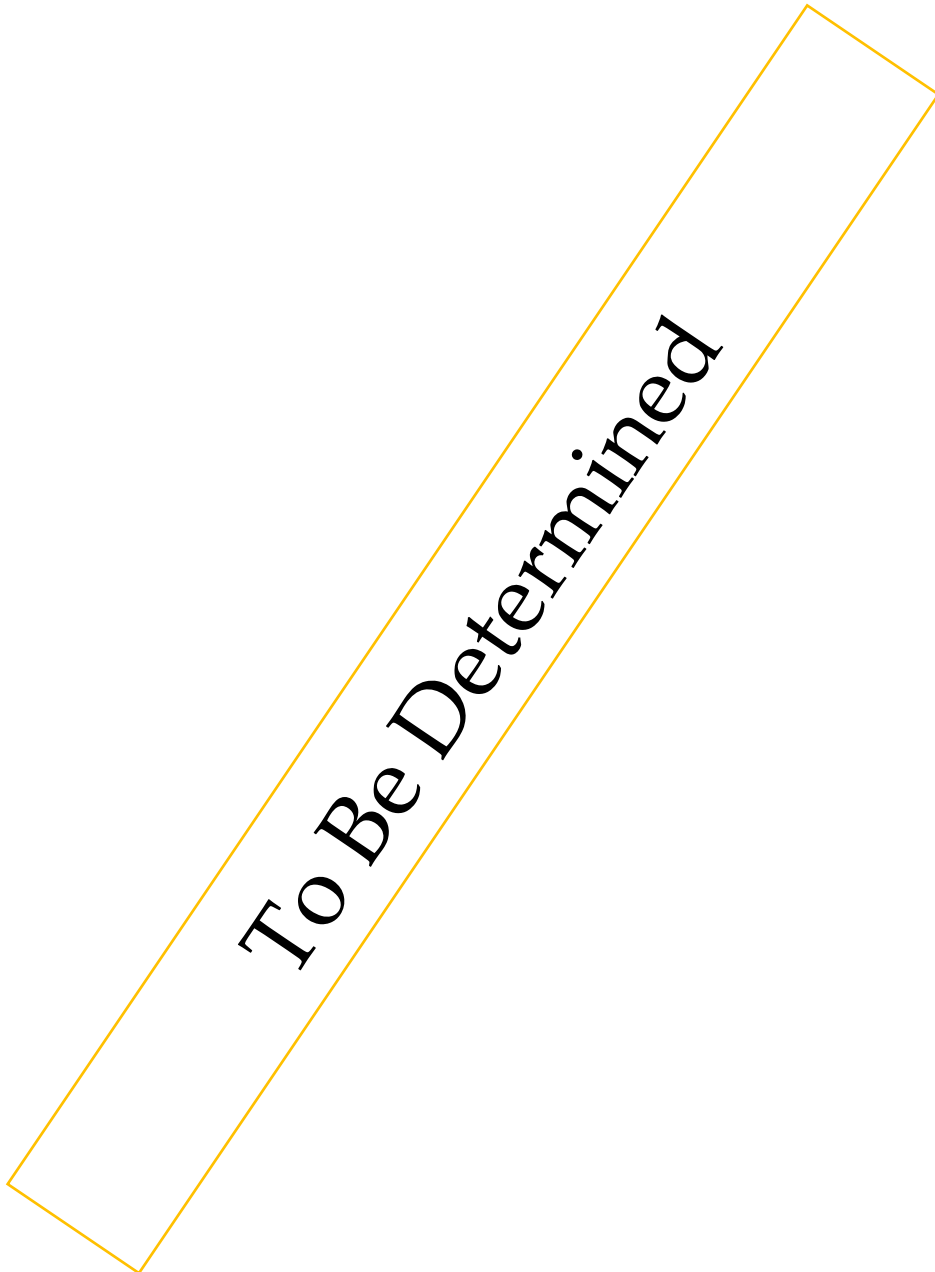
7.17.1 Instructions for Sticker/Tag/Label Use: AT-C (Calibration Sticker)



7.18 AT-LST (Locator/Status Tag)

<u>LOCATOR/STATUS TAG</u>	
W/O#:	_____
CUSTOMER:	_____
PARTS:	EXCHANGE <input type="checkbox"/>
	REPAIR <input type="checkbox"/>
Notes:	_____

7.18.1 Instructions for Sticker/Tag/Label Use: AT-LS (Locator/Status)



7.19 AT-Q (Quarantine Tag)

QUARANTINE

Date/By: _____

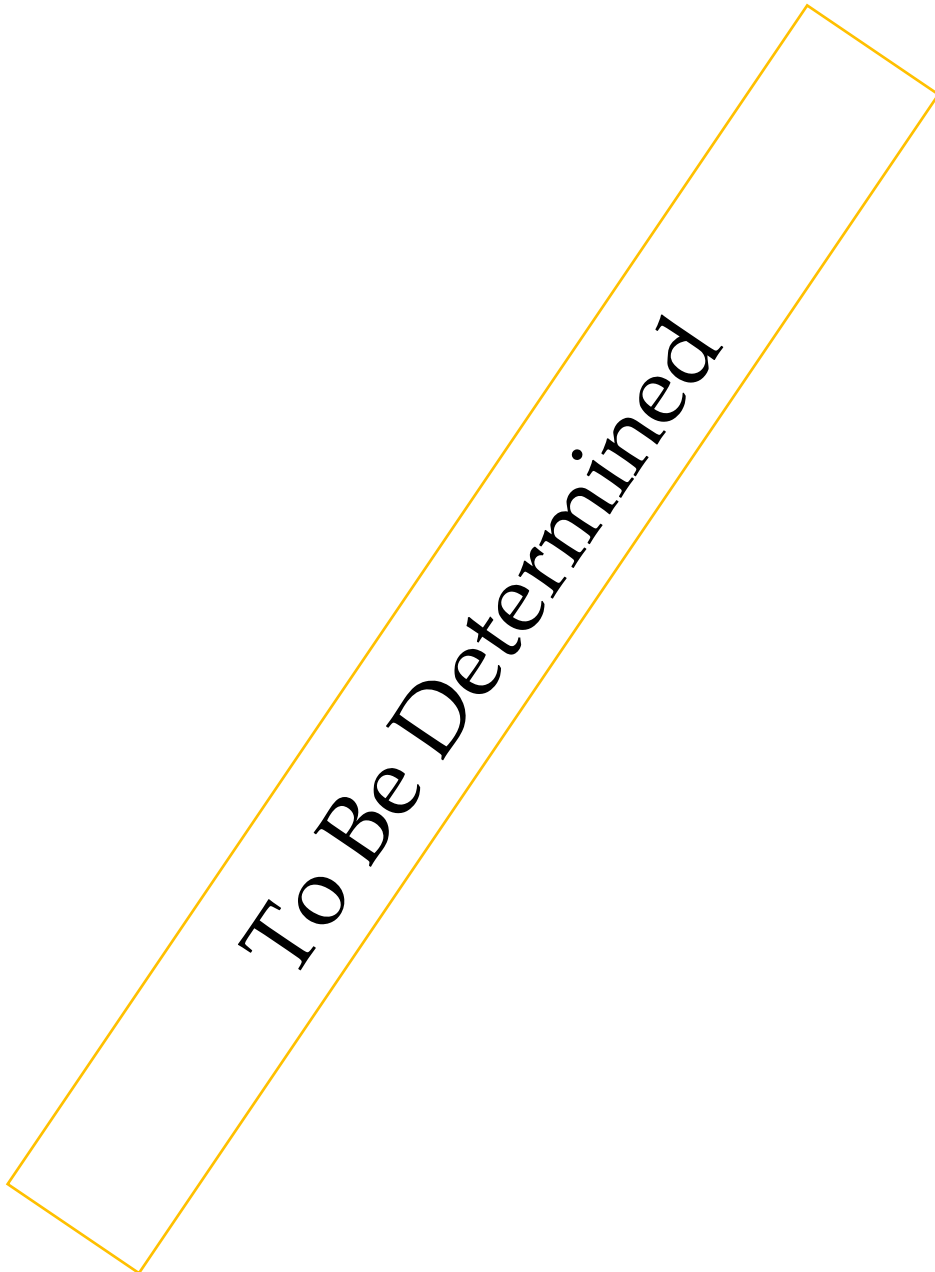
Reason: _____

P/N: _____

S/N: _____


Alta Avionics LLC 801-550-5676

7.19.1 Instructions for Sticker/Tag/Label Use: AT-Q (Quarantine)



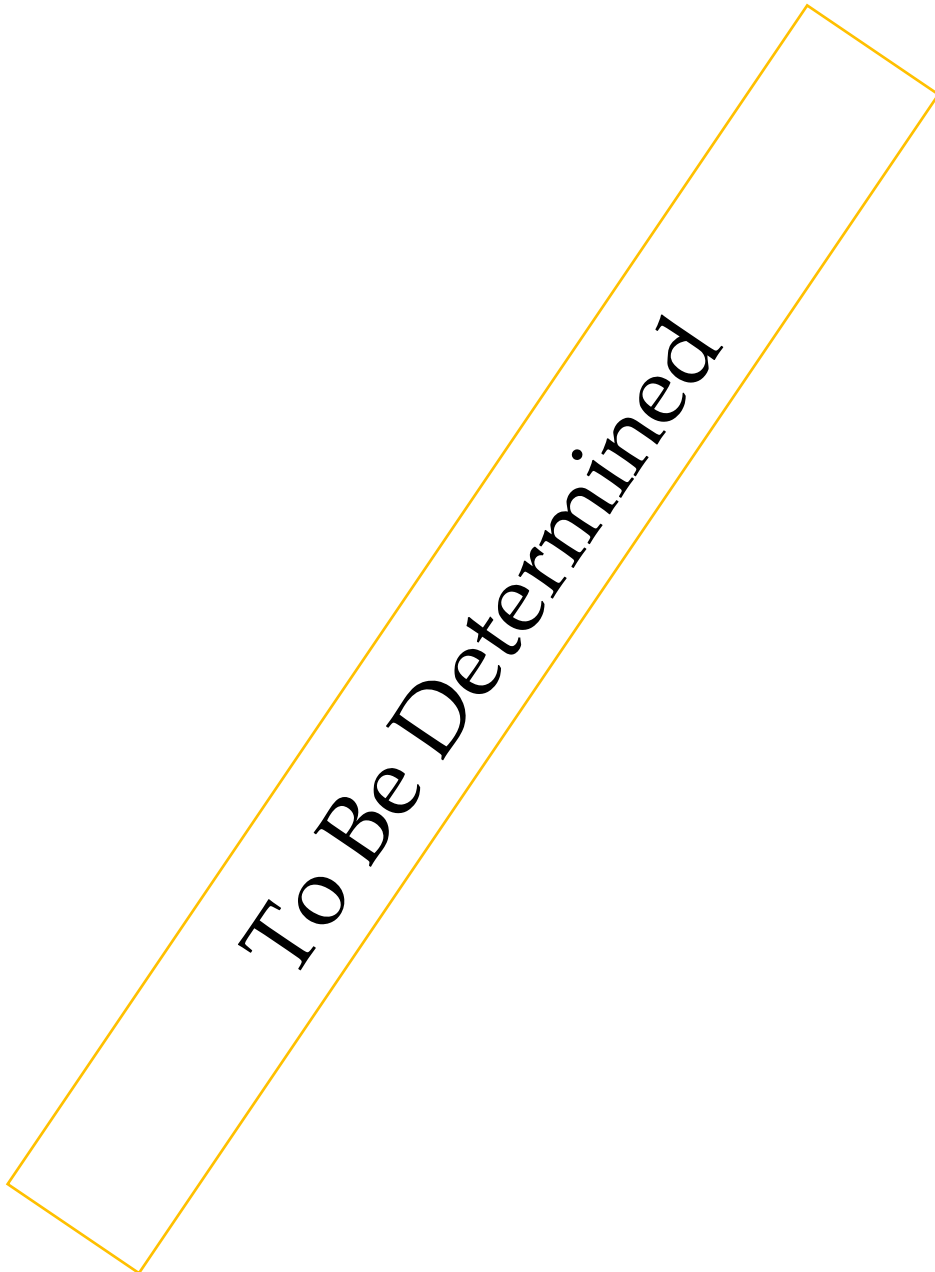
7.20 AT-RAS (Removed As Serviceable)

REMOVED AS SERVICABLE			
DESCRIPTION			
PART NO.		SERIAL NO.	
AIRCRAFT		N NO.	
W/O	DATE	TECH	
REASON FOR REMOVAL			
REMARKS			



CRS:
801 550 5676
Skypark- 1887 S 1800 W
Woods Cross Utah 84087

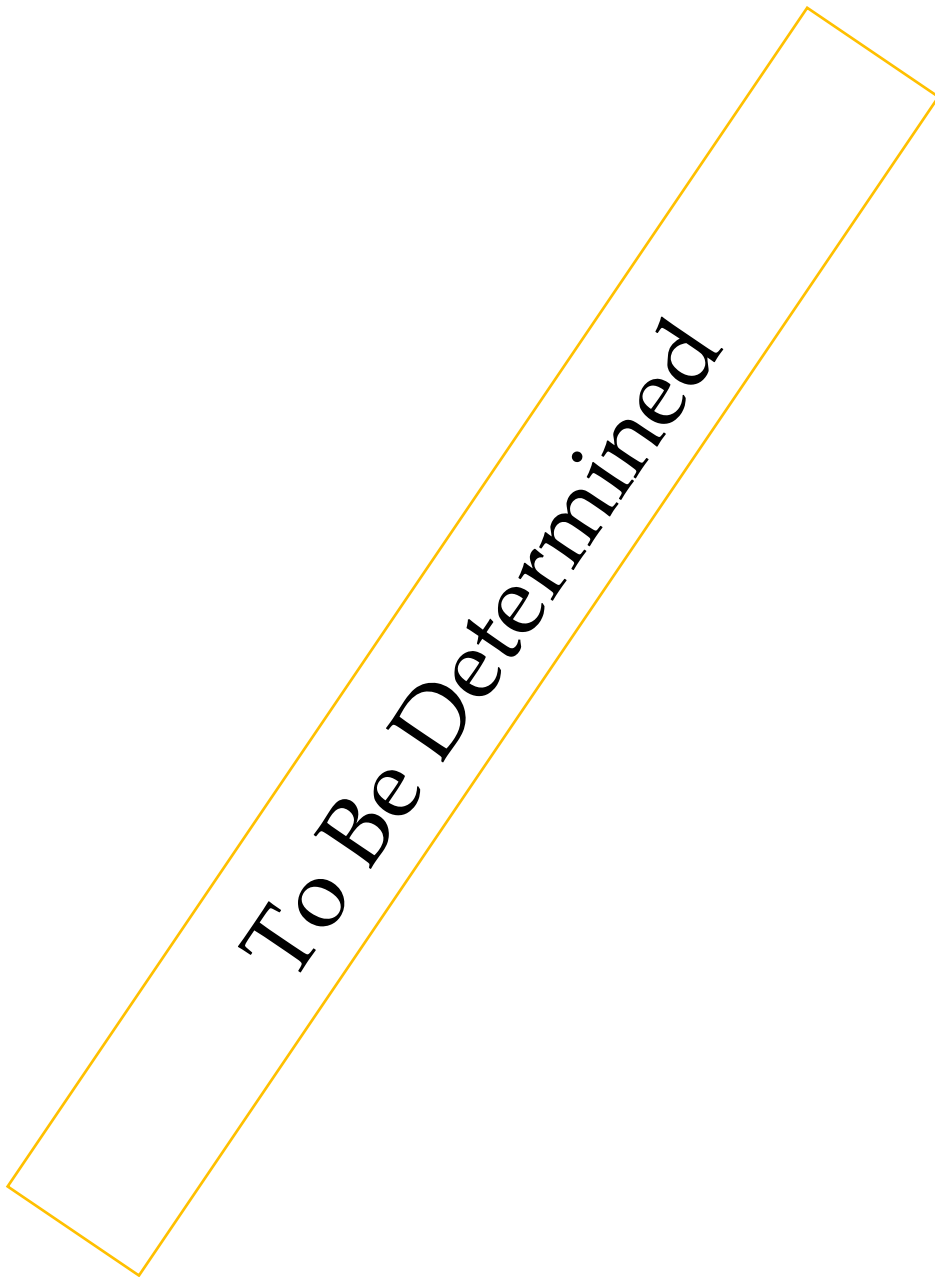
7.20.1 Instructions for Sticker/Tag/Label Use: AT-RAS (Removed As Servicable)



7.21 AT-RFS (Repairable For Storage)

<u>Repairable – For Storage</u>	
MFG _____	Model _____
S/N _____	P/N _____
Defect _____	
Alta Avionics LLC	801-550-5676
CRS: JN1R0210	

7.21.1 Instructions for Sticker/Tag/Label Use: AT-RFS (Repairable For Storage)



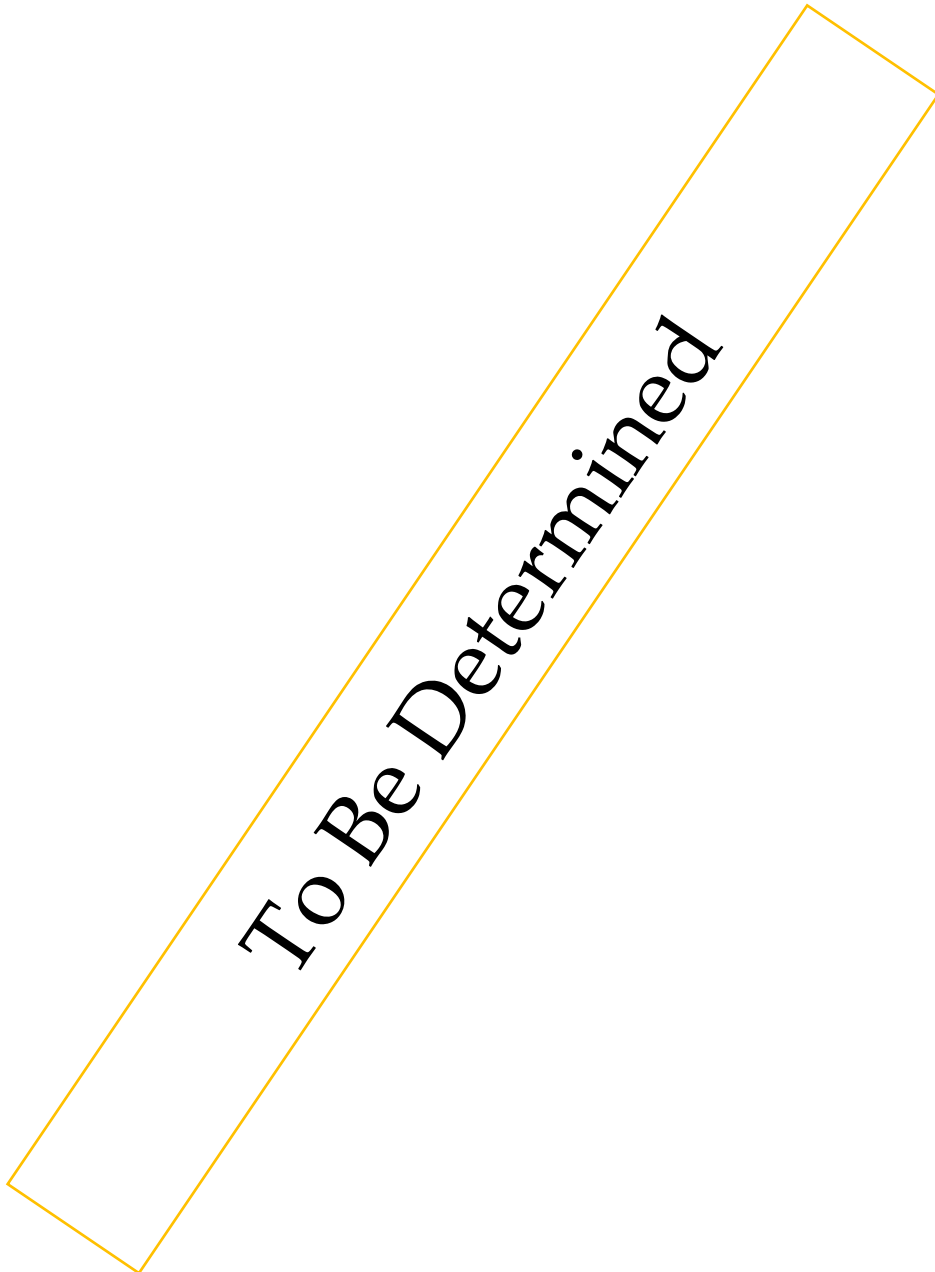
7.22 AT-Rejected Item

Reject Item

Alta Avionics LLC. 801-550-5676

CRS: JN1R0210

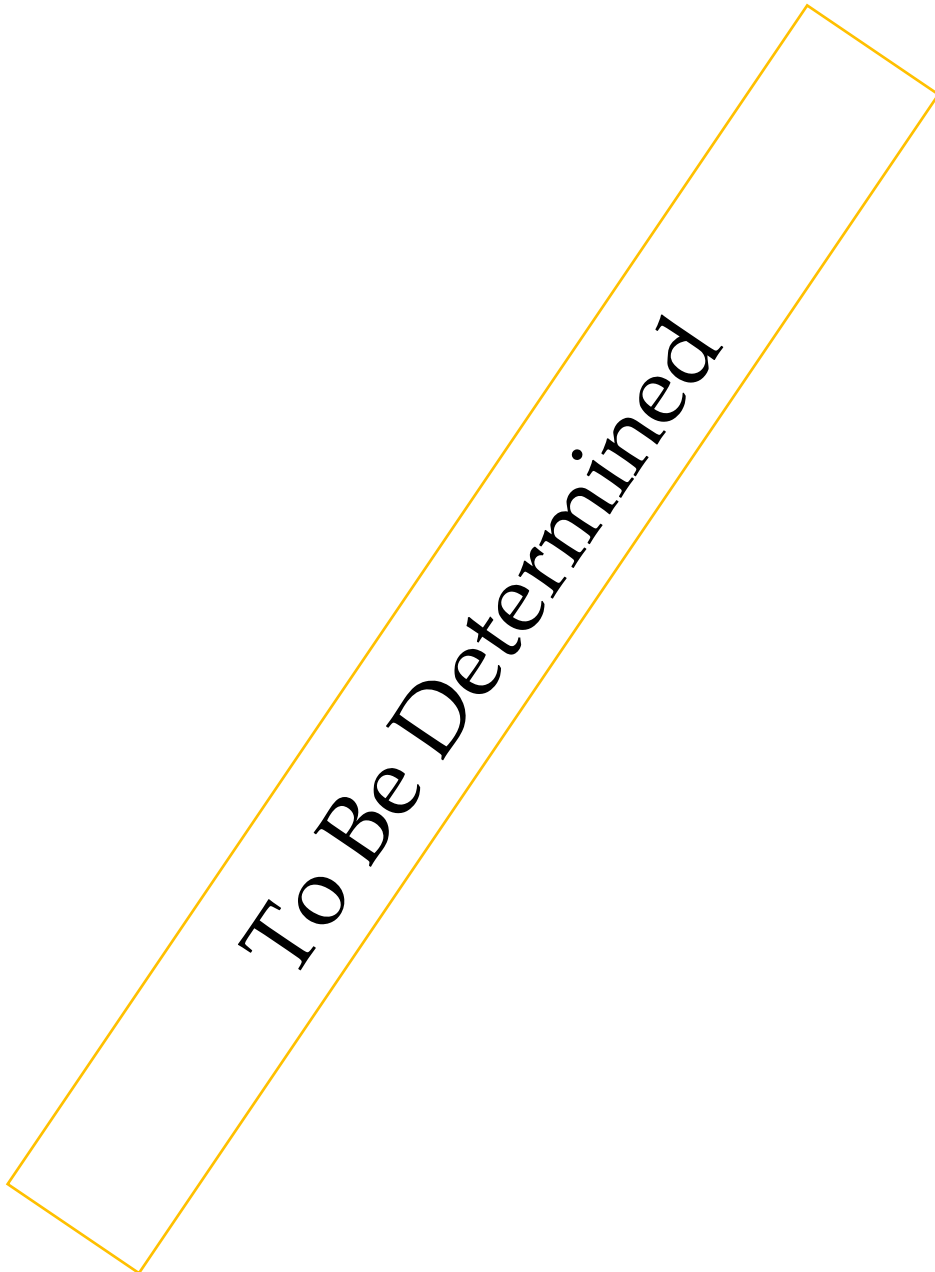
7.22.1 Instructions for Sticker/Tag/Label Use: AT-RI (Rejected Item)



7.23 AT-SLI (Shelf Life Item)

<p style="text-align: center;">Shelf Life Item</p> <p>Expiration Date_____</p> <p style="text-align: center;">Alta Avionics LLC</p> <p style="text-align: center;">CRS: JN1R0210</p>

7.23.1 Instructions for Sticker/Tag/Label Use: AT-SLI (Shelf Life Item _____)



7.24 AT-T43 (Tested As Per FAR 43))

This unit tested per FAR
Part 43, Appendix E

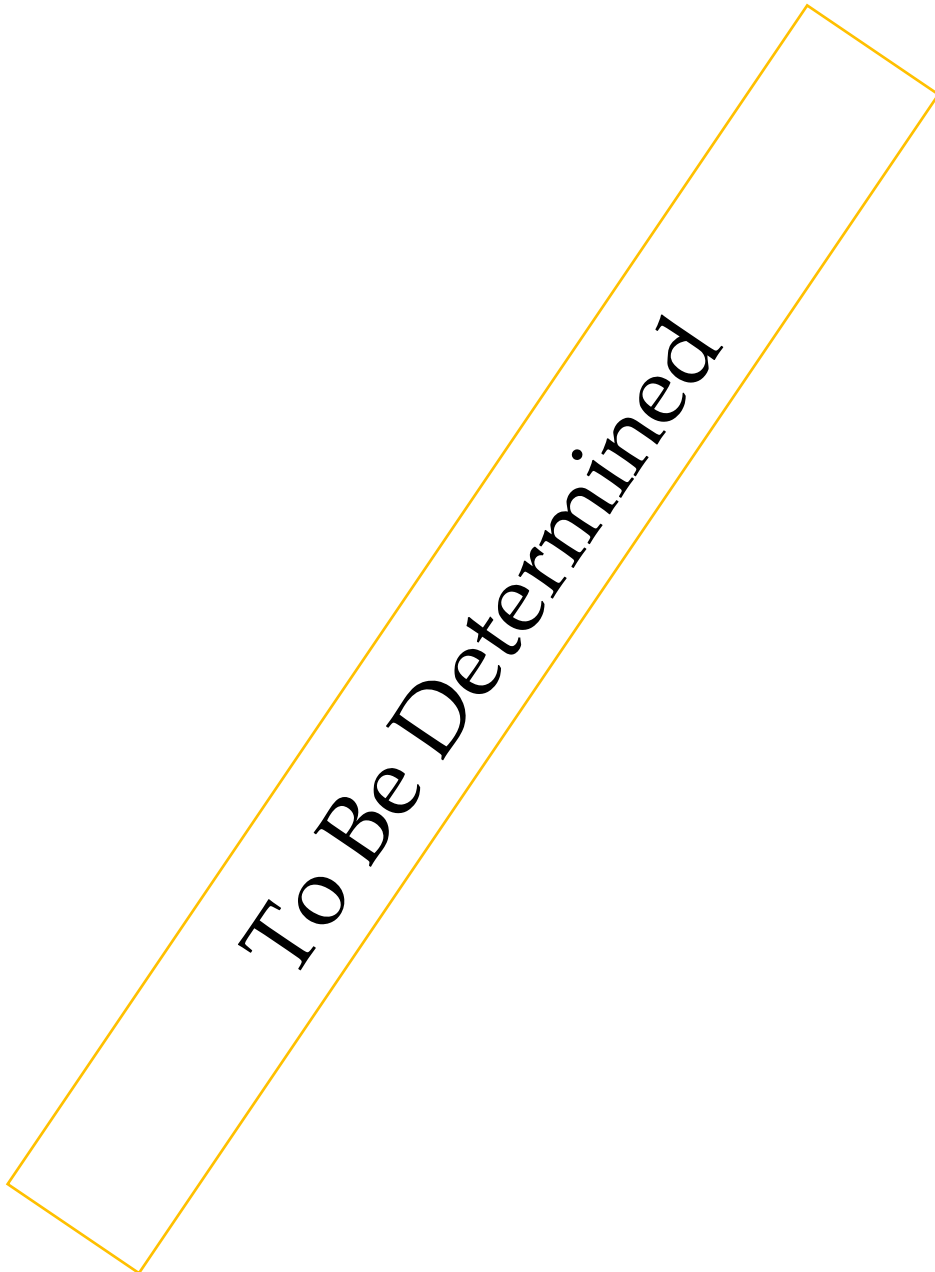
To _____ FT

WO: _____ Date: _____

Alta Avionics LLC 801-550-5676

CRS: JN1R0210

7.24.1 Instructions for Sticker/Tag/Label Use: AT-T43 (Tested As Per FAR 43)



ALTA AVIONICS, LLC

Forms Manual (FM)

7.25 FAA Form 337 : (Major Repair and Alteration)

 US Department of Transportation Federal Aviation Administration		MAJOR REPAIR AND ALTERATION (Airframe, Powerplant, Propeller, or Appliance)		OMB No. 2120-0020 Exp: 01/31/2023	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		Serial No.		
	Make		Model	Series	
2. Owner	Name (As shown on registration certificate)		Address (As shown on registration certificate)		
			Address _____ City _____ State _____ Zip _____ Country _____		
3. For FAA Use Only					
4. Type		5. Unit Identification			
Repair	Alteration	Unit	Make	Model	Serial No.
<input type="checkbox"/>	<input 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 _____			U. S. Certificated Mechanic		Manufacturer
Address _____			Foreign Certificated Mechanic		C. Certificate No.
City _____ State _____			Certificated Repair Station		_____
Zip _____ Country _____			Certificated Maintenance Organization		
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			
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 <input type="checkbox"/> Approved <input type="checkbox"/> Rejected					
BY	FAA Fit. Standards Inspector	Manufacturer	Maintenance Organization	Persons Approved by Canadian Department of Transport	
	FAA Designee	Repair Station	Inspection Authorization	Other (Specify)	
Certificate or Designation No.		Signature/Date of Authorized Individual			

FAA Form 337 (10/06)

ALTA AVIONICS, LLC

Forms Manual (FM)

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.)

Nationality and Registration Mark

Date

Additional Sheets Are Attached

FAA Form 337 (10/06)

7.26 FAA Form 8130-3 : (Authorized Release Certificate)

1. Approving Civil Aviation Authority/Country: FAA/United States		2. AUTHORIZED RELEASE CERTIFICATE FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG			3. Form Tracking Number:	
4. Organization Name and Address:					5. Work Order/Contract/Invoice Number:	
6. Item:	7. Description:	8. Part Number:	9. Quantity:	10. Serial Number:	11. Status/Work:	
12. Remarks:						
13a. Certifies the items identified above were manufactured in conformity to: <input type="checkbox"/> Approved design data and are in a condition for safe operation. <input type="checkbox"/> Non-approved design data specified in Block 12.			14a. <input type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> 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 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service.			
13b. Authorized Signature:		13c. Approval/Authorization No.:		14b. Authorized Signature:		14c. Approval/Certificate No.:
13d. Name (Typed or Printed):		13e. Date (dd/mm/yyyy):		14d. Name (Typed or Printed):		14e. Date (dd/mm/yyyy):
User/Installer Responsibilities						
<p>It is important to understand that the existence of this document alone does not automatically constitute authority to install the aircraft engine/propeller/article.</p> <p>Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts aircraft engine(s)/propeller(s)/article(s) from the airworthiness authority of the country specified in Block 1.</p> <p>Statements in Blocks 13a and 14a do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.</p>						

7.26.1 Instructions for Form Use: FAA 8130-3 (Authorized Release Certificate)



To Be Determined