

Alta Avionics, LLC
1887 South 1800 West
Woods Cross, UT 84087



CRS# ALTA-TBD
Work Order

Work Order#: Date Open: Date Closed: CompanyName: Customer: Address: Phone: Email: Notes:	A/C Reg#: _____ A/C Make: _____ A/C Model: _____ A/C Serial #: _____ A/C TCDS: _____ A/C Time: _____ Type Part 135: <input type="checkbox"/> YES <input type="checkbox"/> NO (If 'Yes', CI must obtain Carrier Ops Specs) HAZMAT: <input type="checkbox"/> YES <input type="checkbox"/> NO <u>Type of Inspection Required (Form Attached)</u> <input type="checkbox"/> Static Pressure System (AA-MACS) <input type="checkbox"/> Altimeter System (AA-ATI) <input type="checkbox"/> Transponder System (AA-ATC-TMSI)
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Task	Describe Work Required/Accomplished	Technician	Hours

Preliminary Inspection. ☐ Initial Inspection. ☐ In Progress. ☐ Final Inspection ☐

Item No.	Make	Model	P/N On	S/N On	Purchase Order

Item No.	Make	Model	P/N Off	S/N Off

If FAA Form 8010-4, Malfunction or Defect Report Initiated, Initial Here: _____

Note: Make similar entry in aircraft logbook or permanent record, as applicable.

I certify that this aircraft has been inspected in accordance with the inspection procedures noted above and was determined to be in an airworthy condition.

Chief Inspector or designee:

Employee #