ALTA AVIONICS

AUDIT REQUEST

TYPE OF AUDIT

A. AUDIT:

    1.   NEW VENDOR   _____
    2.   CURRENT VENDOR   _____

    NAME: _____
    ADDRESS: _____
    PHONE: _____

B. INTERNAL:

    1.   SERVICE   _____
    2.   INSTALLATION   _____
    3.   INSTRUMENT   _____
    4.   PARTS/SHIPPING   _____

C. REASON: _____
                    _____
                    _____
                    _____
                    _____

    REQUESTED BY: _____

             DATE: _____