

Kings Avionics, Inc. Work Traveler
237 NORTH 2370 WEST, SALT LAKE CITY, UT 84116
PHONE # 801-539-8412 FAA CRS # KD6R661N

WO #	Task #	Customer:		Date:
TYPE: <input type="checkbox"/> Aircraft <input type="checkbox"/> Appliance		Mfgr.:	Model:	Serial #
Tail / Part #		Location:		Due Date:
Warranty <input type="checkbox"/> yes <input type="checkbox"/> no		Notes:		

Note: [For Aircraft work, tail number will be recorded; for appliance repairs, part number of unit will be recorded in the Tail/Part # block]

Complaint:

				Verified <input type="checkbox"/> yes <input type="checkbox"/> no
--	--	--	--	---

Major Parts History:

Mfgr.	Model / Descrip	Part # / Model #	Qty	Serial #	On	Off	SV	RP	Notes

Status: SV = SERVICEABLE, RP = REPAIRABLE. Check appropriate boxes to indicate status of part.

Repair Description:

Reference Document:

Software Rev. #:	Service Bulletins Installed:
------------------	------------------------------

Inspection Record

Preliminary Insp.	In Progress # 1	In Progress # 2	Final Inspection	Hidden Damage (If Required)

Note: [Inspection stamp or initials in above block Final and Hidden Damage must be an Authorized Inspector.]

Type of Repair

Functional Tests <input type="checkbox"/>	Re-certification <input type="checkbox"/>	Repair <input type="checkbox"/> (See Note *)	Inspection <input type="checkbox"/>	Alteration <input type="checkbox"/> (See Note *)
---	---	--	-------------------------------------	--

Note: [Check All Appropriate Blocks. * A major repair or alteration may require a signed 337 for return to service. This document will only serve as an inspection record when a form 337 is required for return to service. It will not constitute a release to service or supercede the requirement for a completed FAA form 337.]

The above identified aircraft system or appliance was repaired in accordance with current FAR's; manufacturer approved repair / overhaul data, and this repair station's Repair Station 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 of use or installation.

Repair Technician:	Authorized Inspector:	Date:	Approved for Return to Service
			[<input type="checkbox"/>] yes [<input type="checkbox"/>] no

Signature Required

Signature Required

Page _____ for this task. Note: Sign off located on last page for this task, if more than one page required. A copy of this traveler is to be attached to 8130-3 tag when used for an appliance.

REV. 7 DATE: 03/2010

Form K-03.2