

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: _____