|  |  |
| --- | --- |
| 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: |  |

1. 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.

1. Does the repair station have the proper technical data and processes?  
     
    YES  NO

|  |  |
| --- | --- |
| Description of technical data and source for data: |  |

1. Does the repair station have properly trained personnel?  
     
    YES  NO

Repair Station Acceptance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_