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: ▢ YES ▢ NO

(If ‘Yes’, CI must obtain Carrier Ops Specs)

HAZMAT: ▢ YES ▢ NO

Type of Inspection Required (Form Attached)

▢. Static Pressure System (AA-MACS)

▢. Altimeter System (AA-ATI)

▢. Transponder System (AA-ATC-TMSI)

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| **Task** | **Describe Work Required/Accomplished** | **Technician** | **Hours** |
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Preliminary Inspection. ▢ Initial Inspection. ▢ In Progress. ▢ Final Inspection ▢

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| **Item** | **Make** | **Model** | **P/N On** | **S/N On** | **Purchase Order** |
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| **Item** | **Make** | **Model** | **P/N Off** | **S/N Off** |
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**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 #