

<b>DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION</b>				OPER. Control No.		8. Comments (Describe the malfunction or defect and the circumstances under which it occurred. State probable cause and recommendations to prevent recurrence.)	DISTRICT OFFICE	OPERATOR DESIGNATION
<b>MALFUNCTION OR DEFECT REPORT</b>				ATA Code				
1. A/C Reg. No.				N-				
<i>Enter pertinent data</i>		<b>MANUFACTURER</b>	<b>MODEL/SERIES</b>	<b>SERIAL NUMBER</b>			OTHER	
2. <b>AIRCRAFT</b>							COMMUTER	
3. <b>POWERPLANT</b>							FAA	
4. <b>PROPELLER</b>							MFG.	
5. SPECIFIC PART (of component) CAUSING TROUBLE							AIR TAXI	
Part Name	MFG. Model or Part No.	Serial No.	Part/Defect Location.				MECH.	
							OPER.	
6. APPLIANCE/COMPONENT (Assembly that Includes part)							REP. STA.	
Comp/Appl Name	Manufacturer	Model or Part No.	Serial Number					
Part TT	Part TSO	Part Condition	7. Date Sub.					
Optional Information:						Check a box below, if this report is related to an aircraft		
						<input type="checkbox"/> Accident; Date _____ <input type="checkbox"/> Incident; Date _____		
						SUBMITTED BY:		TELEPHONE NUMBER
								( ) ( ) ( )

Use this space for continuation of Block 8 (if required).

U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

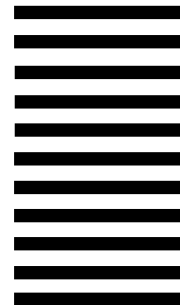
Flight Standards Service  
Aviation Data Systems Branch  
P.O. Box 25082  
Oklahoma City, OK 73125-5029  
**AFS-620**

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