

| | | | | | | | | |
|---|------------------------|-------------------|-----------------------|-------------------|--------------|---|-----------------|----------------------|
| DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION | | | | 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 |
| MALFUNCTION OR DEFECT REPORT | | | | ATA Code | | | | |
| 1. A/C Reg. No. | | | | N- | | | | |
| Enter pertinent data | | | | MANUFACTURER | MODEL/SERIES | | | |
| 2. | AIRCRAFT | | | | | | OTHER | |
| 3. | POWERPLANT | | | | | | COMMUTER | |
| 4. | PROPELLER | | | | | | FAA | |
| 5. SPECIFIC PART (of component) CAUSING TROUBLE | | | | | | | MFG. | |
| Part Name | MFG. Model or Part No. | Serial No. | Part/Defect Location. | | | | AIR TAXI | |
| | | | | | | | MECH. | |
| 6. APPLIANCE/COMPONENT (Assembly that Includes part) | | | | | | | OPER. | |
| Comp/Appl Name | Manufacturer | Model or Part No. | Serial Number | | | | REP STA. | |
| | | | | | | | | |
| 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 _____ | | |

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

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

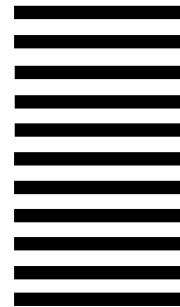
Flight Standards Service
Aviation Data Systems Branch
P.O. Box 25082
Oklahoma City, OK 73125-5029
AFS-620

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AFS-620 (Alerts)
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Oklahoma City, OK 73125-5029