WORK ORDER

Repair Station of your choice
Address
City State Zip
Phone number

NAME_____

ADDRESS _____

CITY: _____ZIP: _____PHONE _(_____)____ -_____

WORK ORDER# **000001**

CLOSING DATE:

DATE RECEIVED

CHARGED:

CASH CHECK:

DATE PROMISED

CREDIT CARD

TAKEN BY:

TYPE OR MODEL	SERIAL NUMBER	REGISTRATION NUMBERS	AIRCRAFT TOTAL TIME

#	PART NUMBER	PARTS DESCRIPTION	UNIT PRICE	TOTAL
TOTAL PARTS				

SYSTEM ☐ ENVELOPE ☐ GONDOLA ☐ BURNERS ☐ TANKS☐ INSTURMENTS☐ OTHER☐

INSTRUCTIONS; INSPECTION(S) & REPAIRS

Tech.			
	RETAIN PARTS ☐ DESTROY PARTS ☐		

DATE: _____ PART(S) _____

MODEL _____ S/N: _____A/C TT: _____

The aircraft and/or component(s) identified above was repaired and inspected in accordance with current Federal Regulations and found airworthy for return to service.

Signed: _____for

(Inspector)

Repair Station of your choice

CRS # RS05Y83BK (example)

I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above aircraft/component for purposes of testing, inspection or delivery. At my risk an express mechanic's lien is acknowledged on above aircraft/component to secure the amount of repairs; thereto you will not be held responsible for loss or damage to aircraft component or articles left in aircraft/ component in case of fire, theft, accident or any other cause beyond your control.

AUTHORIZED BY _____

I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate above aircraft/component for purposes of testing, inspection or delivery. At my risk an express mechanic's lien is acknowledged on above aircraft/component to secure the amount of repairs; thereto you will not be held responsible for loss or damage to aircraft component or articles left in aircraft/ component in case of fire, theft, accident or any other cause beyond your control.

TOTAL LABOR		
TOTAL PARTS		
SHOP SUPPLIES		
PROPANE		
OUTSIDE WORK		
SUBTOTAL		
STATE TAX		
FREIGHT		
TOTAL AMOUNT		