



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

Flight Standards District Office

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July 26, 2021

**LETTER FOR EMAIL**

Mary Turner  
Accountable Manager  
S and T Aircraft Accessories Inc.  
310 FM 483  
New Braunfels, Texas 78130

Dear Ms. Turner:

This office has evaluated and found the Forms Manual Revision 5, for S and T Aircraft Accessories Inc. (Certificate number CC2R737K), to be acceptable.

Please distribute this revision in accordance with the established processes and maintain this letter as the official Forms Manual Revision 5, acceptability.

If you have questions, regarding this matter contact me directly at 210-308-3367.

Sincerely,

Digitally signed  
by Daniel Bonilla  
Date: 2021.07.26  
07:41:14 -05'00'

Daniel Bonilla  
Principal Maintenance Inspector



# REPAIR STATION FORMS & FORM INSTRUCTIONS MANUAL

S & T Aircraft Accessories, Inc.  
310 FM 483  
New Braunfels, TX 78130

Federal Aviation Administration Repair Station  
Certificate Number CC2R737K

**Control Number**

**Copy Assigned to**



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## RECORD OF REVISIONS

**Note:** See this manual for a description of the processes for distributing, entering and recording revisions to this manual. If a controlled paper copy of the manual has been assigned, it shall have its revisions properly entered and recorded.

| REVISION NUMBER | DATE       | PAGE(S) AFFECTED                    | REASON FOR REVISION  |
|-----------------|------------|-------------------------------------|--|
| Original Issue  | 01/30/2004 | All                                 |  |
| 01              | 12/19/2006 | i, ii, iii, v, 18-1 & 18-2          | i - Removed names from manual distribution list, ii - Reformatted Record of Revision page and added "Reason for Revision" column, iii - Added pages 18-1 & 18-2, v - Added pages 18-1 & 18-2, 18-1 - Added Maintenance Request Form, 18-2 - Added Instructions for Maintenance Request Form.               |
| 02              | 01/09/2008 | 5-1, 11-1 & 13-1                    | 5-1 - Corrected F.F.A. to F.A.A., 11-1 - Added procedures to Form #11, 11-2 - Added instructions to Form #11, 13-1 - Corrected remarks in block 13.  |
| 03              | 06/10/2015 | ii-a, iii, 13-1, 13-2               | ii-a - Added additional page for revision, iii - Added revision to page iii, 13-1 - Added revised 8130-3, 13-2 - Added revised instructions for 8130-3.  |
| 04              | 11/27/2018 | ii-a, iii, iv, 51-, 5-2, 13-1, 13-2 | ii-a - Added new row to record Revision 4 updates, iii - Added revisions to page, 5-1 - Revised Form #5, 5-2 Revised procedures for Form #5, 13-1 - Revised form 8130-3, 13-2 Revised instructions for form 8130-3.  |
| 05              | 06/15/2021 | All                                 | Recreated from previous revision 4, 11/27/2018, in newer software for the ease of editing. Rewrote General & Administrative Procedures. Incorporated all issued temporary revisions. Reduced page count to eliminate paper. Rewrote instructions to provide clarity. Incorporated latest issued FAA Forms. |

## LIST OF EFFECTIVE PAGES

| PAGE<br>NUMBER | REVISION<br>NUMBER | REVISION<br>DATE |
|----------------|--------------------|------------------|
| 1              | 5                  | 06/15/2021       |
| 2              | 5                  | 06/15/2021       |
| 3              | 5                  | 06/15/2021       |
| 4              | 5                  | 06/15/2021       |
| 5              | 5                  | 06/15/2021       |
| 6              | 5                  | 06/15/2021       |
| 7              | 5                  | 06/15/2021       |
| 8              | 5                  | 06/15/2021       |
| 9              | 5                  | 06/15/2021       |
| 10             | 5                  | 06/15/2021       |
| 11             | 5                  | 06/15/2021       |
| 12             | 5                  | 06/15/2021       |
| 13             | 5                  | 06/15/2021       |
| 14             | 5                  | 06/15/2021       |
| 15             | 5                  | 06/15/2021       |
| 16             | 5                  | 06/15/2021       |
| 17             | 5                  | 06/15/2021       |
| 18             | 5                  | 06/15/2021       |
| 19             | 5                  | 06/15/2021       |
| 20             | 5                  | 06/15/2021       |
| 21             | 5                  | 06/15/2021       |
| 22             | 5                  | 06/15/2021       |
| 23             | 5                  | 06/15/2021       |
| 24             | 5                  | 06/15/2021       |

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ACCEPTED  
SAT FSDO SW 17

Digitally signed by  
Daniel Bonilla  
Date: 2021.08.12  
13:56:36 -05'00'



# GENERAL & ADMINISTRATIVE PROCEDURES

## Introduction

This manual describes the forms, form instructions and general rules pertinent to the operations of this domestic repair station's Forms & Forms Instructions Manual.

This manual includes an example of the forms, along with instructions for completion of the forms, that this repair station uses when performing maintenance or alteration on civil aviation articles.

## Manual Distribution, Control & Revision Processes

The Forms & Forms Instructions Manual is an extension of the Domestic Repair Station & Quality Control Manual, and as such, shall be distributed, controlled and revised in accordance with the manual distribution, control and revision process as specified in that manual.

## Forms Not Included

This repair station has made every attempt to include the most commonly used forms, for completing maintenance, into this Forms & Forms Instructions Manual. However, this repair station processes various models of articles for which it is rated, and many articles only once every few years. Therefore, situations shall arise where this repair station may need to create a form for "one off" articles it completes maintenance on. It is impractical and would cause an undue burden to include every form that this repair station could possibly need to perform such maintenance. Therefore, this repair station may elect to create, modify and utilize forms for the course of performing maintenance on these "one off" articles (i.e., test sheet records and assembly/inspection checklists), without the need to incorporate them into this manual, so long as the forms are stored in the manner and for the required period of time as prescribed by this repair station's Domestic Repair Station and Quality Control Manual, or applicable FARs.

The forms that are contained herein are forms for which a wide variety of articles apply, and have numerous uses.

## Forms

The following pages contain a sample of the forms that are used by this repair station to complete work on civil aviation articles, and the instructions for completing those forms.

## Form #2, Serviceable Part Tag (Yellow Tag)

FRONT

**S & T AIRCRAFT  
ACCESSORIES, INC.**  
310 FM 483  
NEW BRAUNFELS, TX 78130  
FAA APP REP STA NO. CC2R737K  
**SERVICEABLE PART**

Work order no. \_\_\_\_\_  
Cust. order no. \_\_\_\_\_  
Owner \_\_\_\_\_  
Part name \_\_\_\_\_  
Part no. \_\_\_\_\_  
Serial no. \_\_\_\_\_  
☐ Overhauled  
☐ Repaired  
☐ Functional Test  
Remarks \_\_\_\_\_  
Date \_\_\_\_\_

BACK

**MAINTENANCE RELEASE**  
The component identified above was repaired and inspected in accordance with Title 14, Code of Federal Regulations, part 43, and in respect to that work, the item is approved for return to service. Pertinent details of the repair are on file at this agency under above listed Work Order number. The mechanic making the installation of this unit must make the log book entry in accordance with FAR 43.9

Signed \_\_\_\_\_ For \_\_\_\_\_  
**S & T AIRCRAFT ACCESSORIES, INC.**  
310 FM 483  
New Braunfels, Texas 78130  
FAA Approved Rep. Sta. No. CC2R737K

### Instructions for Completing Form #2, Serviceable Parts Tag (Yellow Tag)

1. Record work order number from Form #5.
2. Enter the customer's order number, if applicable.
3. Enter the customer's name from Form #5.
4. Enter the part description from Form #5.
5. Enter the part number from Form #5.
6. Enter the serial number from Form #5.
7. Mark the box that corresponds to the work completed from Form #5.
8. Enter any additional remarks or information.
9. Enter the date from Form #5.
10. Signature of person, with final inspection, who signed Form #5.

**Note:** If any fields are not applicable, enter "N/A" or "Not Applicable", leave blank or strike through.

## Form #3, Repairable Parts Tag (Green Tag)

### FRONT

REPAIRABLE PARTS TAG

S. & T. AIRCRAFT ACCESSORIES

Customer's name \_\_\_\_\_

Part name \_\_\_\_\_

Part # \_\_\_\_\_

Reason for removal \_\_\_\_\_

Part Mfg. Ser. # \_\_\_\_\_

Work Order # \_\_\_\_\_

Customer Order # \_\_\_\_\_

Date \_\_\_\_\_

Inspector \_\_\_\_\_

### BACK

Work Order # \_\_\_\_\_

Description of Work \_\_\_\_\_

Parts Replaced \_\_\_\_\_

Functional Test \_\_\_\_\_

Date Completed \_\_\_\_\_

Work \_\_\_\_\_

Sign \_\_\_\_\_

Parts \_\_\_\_\_

Labor \_\_\_\_\_

Total \_\_\_\_\_

### Instructions for Completing Form #3, Repairable Parts Tag (Green Tag)

1. Enter the work order number from Form #5 when Form #5 is issued.
2. Enter the customer's order number.
3. Enter the name of the customer that the part belongs to.
4. Enter the description of the part.
5. Enter the part manufacturer, if known.
6. Enter the part number of the part.
7. Enter the serial number of the part, if applicable.
8. Enter the reason the part was removed from the aircraft/parent assembly.
9. Mechanics performing work on the part should enter their initials here.
10. Signature of person, with final inspection authorization, who signed Form #5.
11. Enter the date the unit was received.
12. Enter the work order number from Form #5 when Form #5 is issued.
13. Enter the description of the work performed.
14. Enter source code, quantity, part number and part name of any parts replaced during work.
15. Enter the test results.
16. Enter the date work is completed.
17. Mechanics performing work on the part should enter their initials here.
18. Signature of person, with final inspection authorization, who signed Form #5.
19. Enter the cost of parts used.
20. Enter the cost of labor time.
21. Enter the sum of the cost of parts and labor.

**Note:** If any fields are not applicable, enter "N/A" or "Not Applicable", leave blank or strike through.

## Form #4, Rejected Part Tag (Red Tag)

FRONT

The front of the red tag features a circular hole at the top. Below the hole, the text "S & T AIRCRAFT" and "ACCESSORIES" are printed in bold. Underneath, "REJECTED PART TAG" is printed in bold. The form includes several fields for data entry: "Work Order No.", "Cust. Order No.", "Owner", "Part name", "Part No.", "Serial No.", "Reason for Rejection", "Inspected by", and "Date". Each field is followed by a horizontal line for writing.

**S & T AIRCRAFT  
ACCESSORIES**

**REJECTED PART TAG**

Work Order No. \_\_\_\_\_  
Cust. Order No. \_\_\_\_\_  
Owner \_\_\_\_\_  
Part name \_\_\_\_\_  
Part No. \_\_\_\_\_  
Serial No. \_\_\_\_\_  
Reason for Rejection \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Inspected by \_\_\_\_\_  
Date \_\_\_\_\_

BACK

The back of the red tag is a solid red surface with a circular hole at the top. It contains no text or fields.

### Instructions for Completing Form #4, Rejected Part Tag (Red Tag)

1. Enter the work order number from Form #5 when Form #5 is issued.
2. Enter the customer's order number.
3. Enter the name of the customer the part belongs to.
4. Enter the part description.
5. Enter the part number.
6. Enter the serial number, if applicable.
7. Enter the reason for part rejection.
8. The initials of the person, with inspection authorization, who inspected the part.
9. Enter the date that the part was rejected.

**Note:** If any fields are not applicable, enter "N/A" or "Not Applicable", leave blank or strike through.

# Form #5, Work Order

FORM 5 / Rev 3 / 11-18

## S & T AIRCRAFT ACCESSORIES, INC. FAA Approved Repair Station #CC2R737K

Work Order # \_\_\_\_\_

Customer \_\_\_\_\_ Date \_\_\_\_\_

Unit \_\_\_\_\_ Part # \_\_\_\_\_ Serial # \_\_\_\_\_

Work Performed \_\_\_\_\_

Test Record \_\_\_\_\_

ADs & SBs \_\_\_\_\_

Manuals \_\_\_\_\_

Remarks \_\_\_\_\_

Mechanics Performing Work \_\_\_\_\_

Tested By \_\_\_\_\_

Final Inspector \_\_\_\_\_

### MAINTENANCE RELEASE

The component identified above was repaired and inspected in accordance with Title 14, Code of Federal Regulations, part 43, and in respect to that work, the item is approved for return to service. Pertinent details of the repair are on file at this agency under above listed Work Order number. The mechanic making the installation of this unit must make the log book entry in accordance with FAR 43.9

### Parts Used

| Quantity | Part Number | Description |
|----------|-------------|-------------|
|          |             |             |

## Instructions for Completing Form #5, Work Order

1. The system will automatically generate the next available work order number.
2. Enter the name of the company or person that the unit belongs to.
3. Enter the date of completion of the work performed.
4. Enter the description of the unit.
5. Enter the part number of the unit.
6. Enter the serial number of the unit, if applicable.
7. Enter the type of work performed. Acceptable values are as follows:
  - Overhauled
  - Repaired
  - Inspected
  - Tested
  - Inspected & Tested
  - Modified
  - Other - When selected, a description of the work performed is required in block 11.
8. Enter the specifications used to perform any applicable test. If there is a test sheet to be included in the work order packet as described in the Quality Control Manual, enter "Record on File". If there is not a test sheet, enter the results of the test, if applicable.
9. Enter any Airworthiness Directives and/or Service Bulletins complied with, separated by, commas, if applicable.
10. Enter any manuals, drawings or other technical data used to complete the above work along with any revision number or date associated with the data.
11. Enter any additional comments or remarks, if applicable.
12. Record the names or initials of any mechanics who were involved in performing the work above.
13. Record the names or initials of any mechanics who were involved in performing the test above.
14. The signature of the certificated inspector who is authorizing the unit for return to service.
15. Enter the quantity, part number and description of any parts used in performing the work. If no parts were used enter "No Parts Required".

**Note:** If any fields are not applicable, enter "N/A" or "Not Applicable", leave blank or strike through.

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## Instructions for Completing Form #5A, Teardown Report

1. Enter the name of the company the unit belongs to.
2. Enter the date the unit was received.
3. Enter the date the work is completed on the unit.
4. Enter the description of the unit.
5. Enter the part number of the unit.
6. Enter the serial number of the unit, if applicable.
7. Mark the boxes corresponding to the type of work the customer requested.
8. Mark the boxes corresponding to the findings upon external inspection of the unit, and if there are any active Airworthiness Directives or Service Bulletins to be complied with.
9. Mark whether the unit disassembly was normal or difficult, and clean or dirty.
10. The person(s) who disassembled the unit should enter their initials.
11. The person(s) who cleaned the unit should enter their initials.
12. Mark the boxes corresponding to the In-Process Inspection findings.
13. If any ADs, MODs, SBs were complied with, mark the appropriate box and record the associated document(s), revision numbers and dates used for compliance. Enter the document/manual numbers, along with their revision numbers and dates, if any, used to complete the work.
14. The initials or signature of the inspector, with authorization, who completed the inspection should be entered here.
15. Enter the suspected cause of failure for the unit, if applicable.
16. Mark the box corresponding to the type of work completed.
17. The person(s) who assembled/repaired the unit should enter their initials here.
18. Record any additional work performed or remarks not previously provided.
19. List the source code, quantities, part numbers and part names of any parts replaced on the unit.
20. Record the test results, (i.e., Per Mfg. Specs, Pass, Fail, any measurements taken).
21. The initials or signature of the person(s) who tested the unit.
22. The initials or signature of the person, with final inspection authorization, who perform the final inspection.

**Note:** If any fields are not applicable, enter "N/A" or "Not Applicable", leave blank or strike through.



# Form #5B, Starter-Generator Teardown Report

**S & T Aircraft Accessories, Inc.**  
FAA Approved Repair Station # CC2R737K

## STARTER-GENERATOR TEARDOWN REPORT

Form #5B

Customer \_\_\_\_\_ Date In \_\_\_\_\_ Date Out \_\_\_\_\_  
Part Name \_\_\_\_\_ Part # \_\_\_\_\_ Serial # \_\_\_\_\_

| TEARDOWN REPORT   |                           | PARTS USED |          |              |
|---|---------------------------|------------|----------|--------------|
| ACTION REQUESTED  | SOURCE                    | QTY        | PART NO. | NOMENCLATURE |
| <input type="checkbox"/> Warranty <input type="checkbox"/> Test Only <input type="checkbox"/> Repair <input type="checkbox"/> Overhaul <input type="checkbox"/> Core Evaluation       |                           |            |          |              |
| <b>PRELIMINARY INSPECTION</b>   |                           |            |          |              |
| <input type="checkbox"/> Assembled (normal configuration) <input type="checkbox"/> Clean <input type="checkbox"/> Dirty   |                           |            |          |              |
| <input type="checkbox"/> Disassembled <input type="checkbox"/> Parts Missing <input type="checkbox"/> Damaged or Failed   |                           |            |          |              |
| <input type="checkbox"/> Active AD/SB Check   |                           |            |          |              |
| <b>DISASSEMBLY</b>  |                           |            |          |              |
| <input type="checkbox"/> Normal <input type="checkbox"/> Difficulty <input type="checkbox"/> Clean <input type="checkbox"/> Dirty   |                           |            |          |              |
| Teardown By _____ Clean Up By _____   |                           |            |          |              |
| <b>IN-PROCESS INSPECTION</b>  |                           |            |          |              |
| <input type="checkbox"/> Parts Missing <input type="checkbox"/> Parts Damaged/Failed <input type="checkbox"/> MOD/SB/AD Compliance  |                           |            |          |              |
| Comm Size _____ Undercut _____  |                           |            |          |              |
| Bearing Journals: Comm End _____ Drive End _____  |                           |            |          |              |
| Armature Balanced <input type="checkbox"/> Yes <input type="checkbox"/> No  |                           |            |          |              |
| End Bell Size _____ Brush Holder Size _____   |                           |            |          |              |
| Shaft Magnafluxed & Demagnetized <input type="checkbox"/> Yes <input type="checkbox"/> No   |                           |            |          |              |
| Shaft Size _____ Dampener Plate Size _____  |                           |            |          |              |
| Terminal Block capacitors in tolerance <input type="checkbox"/> Yes <input type="checkbox"/> No   |                           |            |          |              |
| Brush Spring Tension in tolerance <input type="checkbox"/> Yes <input type="checkbox"/> No  |                           |            |          |              |
| Pre-Test Field <input type="checkbox"/> Pass <input type="checkbox"/> Fail  |                           |            |          |              |
| <input type="checkbox"/> All parts within tolerance per CMM <small>1. List all OH &amp; PT Manuals, SAs, AIs, STCs and DWs, revision number and dates, used to complete work.</small> |                           |            |          |              |
| Inspected By _____  |                           |            |          |              |
| <b>PROBABLE CAUSE OF FAILURE</b>  |                           |            |          |              |
| <input type="checkbox"/> Normal Wear/Time Change <input type="checkbox"/> Other (Explain)   |                           |            |          |              |
| <b>WORK ACCOMPLISHED</b>  |                           |            |          |              |
| <input type="checkbox"/> Overhauled <input type="checkbox"/> Repaired Assembled By _____  |                           |            |          |              |
| <input type="checkbox"/> Inspected <input type="checkbox"/> Tested <input type="checkbox"/> Modified <input type="checkbox"/> Other (describe below)                                  |                           |            |          |              |
| Remarks & Additional Work Performed:  | Tested By _____           |            |          |              |
|   | Final Inspection By _____ |            |          |              |

## Instructions for Completing Form 5B, Starter-Generator Teardown Report

1. Enter the name of the company the unit belongs to.
2. Enter the date the unit was received.
3. Enter the date the work is completed on the unit.
4. Enter the description of the unit.
5. Enter the part number of the unit.
6. Enter the serial number of the unit, if applicable.
7. Mark the boxes corresponding to the type of work the customer requested.
8. Mark the boxes corresponding to the findings upon external inspection of the unit, and if there are any active Airworthiness Directives or Service Bulletins to be complied with.
9. Mark whether the unit disassembly was normal or difficult, and clean or dirty.
10. The person(s) who disassembled the unit should enter their initials.
11. The person(s) who cleaned the unit should enter their initials.
12. Mark the boxes corresponding to the In-Process Inspection findings. If any ADs, MODs, SBs were complied with, mark the appropriate box and record the associated document(s), revision numbers and dates used for compliance. Enter the document/manual numbers, along with their revision numbers and dates, if any, used to complete the work.
13. Enter the measurement for the comm size.
14. Enter the measurement for the undercut.
15. Enter the measurement for the bearing journals, comm end and drive end.
16. Mark whether the armature has been balanced.
17. Enter the measurement for the end bell size.
18. Enter the measurement for the brush holder size.
19. Mark whether the shaft was magnafluxed and demagnetized.
20. Enter the measurement for the shaft size.
21. Enter the measurement for the damper plate size.
22. Mark whether the terminal block capacitors are in tolerance.
23. Mark whether the brush spring tension is in tolerance.
24. Mark whether the pre-field test passed or failed.
25. Mark if all installed parts are in tolerance.
26. The initials or signature of the inspector, with authorization, who completed the inspection should be entered here.
27. Enter the suspected cause of failure for the unit, if applicable.
28. Mark the box corresponding to the type of work completed.
29. The person(s) who assembled/repaired the unit should enter their initials here.
30. Record any additional work performed or remarks not previously provided.
31. List the source code, quantities, part numbers and part names of any parts replaced on the unit.
32. Record the test results, (i.e., Per Mfg. Specs, Pass, Fail, any measurements taken).
33. The initials or signature of the person(s) who tested the unit.
34. The initials or signature of the person, with final inspection authorization, who perform the final inspection.

**Note:** If any fields are not applicable, enter "N/A" or "Not Applicable", leave blank or strike through.

[illegible]

### Instructions for Completing Form #6, Limited Shelf-Life Material Control Sheet

1. Enter the date the item is received.
2. Enter the part number.
3. Enter the part name.
4. Enter the purchase order, if applicable.
5. Enter the batch number, if applicable.
6. Enter the date the part was made, if applicable.
7. Enter the part's cure date.
8. Enter the part's expiration date.
9. Enter the date the part was removed from stock.
10. The initials of the person who removed the part from stock.

**Note:** No control sheet is to be removed from its binder until all portions have been completed. Any control sheet removed from the binder shall be kept on file for a minimum of two years from the last date that was recorded on the sheet. If any fields are not applicable, enter "N/A" or "Not Applicable", leave blank or strike through.

## Inspection Log

[illegible]

### Instructions for Completing Form #7, Receiving Inspection Log

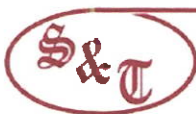
1. Enter the date the part is received.
2. Enter the part number.
3. Enter the part name.
4. Enter the condition code.
5. Enter the name of the vendor supplying the part.
6. Enter the vendor's source code.
7. Enter the purchase order number, if applicable.
8. Enter the batch number of the part, if applicable.
9. Enter the total number of parts received.
10. Enter the number of parts that are accepted.
11. Enter the number of parts that are rejected.
12. Initials of the person, with inspection authorization, who inspected the parts.

**Note:** Completed forms, upon removal from the log are to be filed in the office. All log records will be kept for a minimum of two years. If any fields are not applicable, enter "N/A" or "Not Applicable", leave blank or strike through.

# Form #8, Request for Corrective Action

## S & T AIRCRAFT ACCESSORIES, INC.

310 FM 483  
NEW BRAUNFELS, TX 78130



PHONE: +1 (830) 625-7923  
FAX: +1 (830) 625-4138

FAA REPAIR STATION #CC2R737K

WWW.ST.AERO

SALES@ST.AERO

### REQUEST FOR CORRECTIVE ACTION

|         |       |               |       |
|---------|-------|---------------|-------|
| Vendor  | _____ | Quantity      | _____ |
| Address | _____ | Part Name     | _____ |
|         | _____ | Part Number   | _____ |
|         | _____ | Serial Number | _____ |
| Phone   | _____ | PO Number     | _____ |
| Email   | _____ | Customer      | _____ |

The above part/component failed to meet S & T Aircraft Accessories, Inc.'s established quality requirements. The item was rejected for reasons stated below.

The failure of the product to conform to the purchase order specifications has prompted the request for corrective action. Please acknowledge receipt of this document and investigate the part/component for cause of rejection. In the event quality problems are brought to light, an appropriate corrective action and explanation of quality system changes necessary to assure that the problem does not reoccur are requested.

The acknowledgement and the results of your investigation/corrective action should be communicated in writing to the address given above, or by email, Attention: **Quality Assurance Manager**.

#### DISCREPANCY OF ITEM(S):

#### CAUSE OF DISCREPANCY:

#### CORRECTIVE ACTION:

|             |       |      |       |
|-------------|-------|------|-------|
| Raised By   | _____ | Date | _____ |
| Vendor Rep  | _____ | Date | _____ |
| Approved By | _____ | Date | _____ |

Form #8

### Instructions for Completing Form #8, Request for Corrective Action

1. Enter the vendor's name.
2. Enter the vendor's address.
3. Enter the vendor's phone number, if applicable.
4. Enter the vendor's email address, if applicable.
5. Enter the quantity rejected.
6. Enter the part name.
7. Enter the part number.
8. Enter the serial number, if applicable.
9. Enter the P.O. number, if applicable.
10. Enter the customer's name, if applicable, that the part(s) belongs to.
11. Describe in detail the discrepancy found with the part(s).
12. Leave blank. To be filled out by the vendor. The vendor should describe the cause of discrepancy.
13. Leave blank. To be filled out by the vendor. The vendor should describe the actions taken to fix the cause of the discrepancy.
14. Signature of the person who raised the issue of discrepancy.
15. Date the person raised the issue.
16. Signature of the vendor's representative
17. Date the vendor's representative signed.
18. To be signed by the Quality Assurance Manager after review of form returned by vendor, and acceptance of the actions taken.
19. Date that the Quality Assurance Manager accepted the corrective action.

**Note:** This form should be filled out through number 15, then submitted to the vendor for review and corrective action. Once the vendor has completed the form, they should send the form back. After review of the cause of discrepancy and acceptance of the corrective action, the Quality Assurance Manager should continue from completion at number 18. If any fields are not applicable, enter "N/A" or "Not Applicable", leave blank or strike through.

# Form #9, In-House Corrective Action Report

| IN-HOUSE CORRECTIVE ACTION REPORT  |        | Form #9 |
|--|--------|---------|
| From:  | To:    | Date:   |
| Description of Discrepancy or Non-Conformance:   |        |         |
|  |        |         |
|  |        |         |
|  |        |         |
| Cause:   |        |         |
|  |        |         |
|  |        |         |
|  |        |         |
|  |        |         |
| Corrective Action:   |        |         |
|  |        |         |
|  |        |         |
|  |        |         |
|  |        |         |
|  |        |         |
| Raised By:   | Title: | Date:   |
| QUALITY ASSURANCE MANAGER EVALUATION   |        |         |
| Corrective Action Is: <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable                                  |        |         |
| Reason:  |        |         |
|  |        |         |
|  |        |         |
|  |        |         |
| This Incident Is: <input type="checkbox"/> Isolated <input type="checkbox"/> Recurring <input type="checkbox"/> Follow Up Accepted |        |         |
| Follow Up: <input type="checkbox"/> Required <input type="checkbox"/> Not Required <input type="checkbox"/> Not Satisfactory       |        |         |
| Reason:  |        |         |
|  |        |         |
|  |        |         |
|  |        |         |
| Accepted By:   | Title: | Date:   |

### Instructions for Completing Form #9, In-House Corrective Action Report

1. Enter the name of the person initiating the form.
2. Enter the name of the person the form is directed to.
3. Enter the date that the form is initiated.
4. Enter a description of the issue.
5. Enter the determined cause of the issue.
6. Enter the action taken to resolve the issue.
7. Signature of the person who initiated the form.
8. Title of the person who initiated the form.
9. Date the form was completed by the initiator.
10. Mark if the corrective action is acceptable or not acceptable.
11. Enter a reason or notes for the selection of number 10, if necessary.
12. Mark if the incident is isolated, recurring, and if the follow up is accepted if this is a follow up.
13. Mark if a follow up is required, not required, and if the follow up is not satisfactory if this is a follow up.
14. Enter a reason or notes for the selections in number 12 and number 13, if necessary.
15. Signature of the person making the acceptance determination.
16. Enter the title of the person making the acceptance determination.
17. Enter the date the acceptance determination is made.

**Note:** If any fields are not applicable, enter "N/A" or "Not Applicable", leave blank or strike through.



## Form #10, Vacuum Pump Test

| Vacuum Pump Test |                 |                  | Form #10     |          |
|------------------|-----------------|------------------|--------------|----------|
| Part Number      |                 | Serial Number    |              |          |
|                  |                 |                  |              |          |
| RPMs             | Suction In. Hg. | Pressure In. Hg. | Capacity CFM |          |
|                  |                 |                  |              |          |
|                  |                 |                  | Temp Rise    | Oil Flow |
|                  |                 |                  |              |          |
|                  |                 |                  | Leakage      |          |
|                  |                 |                  |              |          |
| Tested By        |                 |                  | Date         |          |

### Instructions for Completing Form #10, Vacuum Pump Test

1. Enter the tested pump's part number.
2. Enter the tested pump's serial number, if applicable.
3. Enter the RPMs specified in the Capacity Test, if applicable.
4. Enter the Suction specified in the Capacity Test, if applicable.
5. Enter the Pressure specified in the Capacity Test, if applicable.
6. Enter the RPMs specified in the Temperature Rise and Oil Flow Test, if applicable.
7. Enter the Suction specified in the Temperature Rise and Oil Flow Test, if applicable.
8. Enter the Pressure specified in the Temperature Rise and Oil Flow Test, if applicable.
9. Enter the Temperature Rise of the pump under test, if applicable.
10. Enter the Oil Flow of the pump under test, if applicable.
11. Enter the RPMs specified in the Seal Leakage Test, if applicable.
12. Enter the Suction specified in the Seal Leakage Test, if applicable.
13. Enter the Pressure specified in the Seal Leakage Test, if applicable.
14. Enter the Seal Leakage of the pump under test, if applicable.
15. Signature of the person performing the test.
16. Enter the date the test was performed.

**Note:** If any fields are not applicable, enter "N/A" or "Not Applicable", leave blank or strike through.

ord

## Form #11

- |         |      |                 |                |
|---------|------|-----------------|----------------|
| CW      |      | CCW             |                |
| DEC     |      | INC             |                |
|         |      |                 | RPMs           |
|         |      |                 | RPMs           |
|         | °    | @               | RPMs           |
|         | PSI  | @               | RPMs           |
|         |      |                 | Quarts/Minute  |
|         |      |                 | Quarts/Hour    |
|         |      |                 | RPMs           |
|         | PASS |                 | FAIL           |
|         |      |                 | PSI            |
|         |      |                 | PSI            |
|         |      |                 | Quarts/Hour    |
|         |      | @               | RPMs Overspeed |
|         |      |                 | PSI            |
|         |      |                 | PSI            |
|         |      |                 | PSI            |
|         | PASS |                 | FAIL           |
|         |      |                 | PSI            |
|         | PASS |                 | FAIL           |
|         |      |                 | RPMs           |
| Bench # | Deg. | Total           | Deg.           |
|         |      | Oil Temperature | °F             |

\_\_\_\_\_

### Instructions for Completing Form #11, Propeller Governor Test Record

1. Enter the part number.
2. Enter the serial number.
3. Mark the rotation.
4. Mark the pressure configuration.
5. Enter the maximum RPM.
6. Enter the minimum or feathering RPM.
7. Enter the control arm position at the RPM specified.
8. Enter the relief valve pressure at the RPM specified.
9. Enter the pump capacity in quarts per minute.
10. Enter the internal leakage in quarts per hour.
11. Enter the external leakage if present.
12. Enter the counter balance RPM.
13. Mark whether the recovery test passes.
14. Enter the feathering pressure.
15. Enter the feathering switch cut out pressure.
16. Enter the auxiliary bleed flow in quarts per hour.
17. Enter the pump capacity in quarts per minute at the RPMs overspeed specified.
18. Enter the auxiliary check valve opening pressure.
19. Enter the inboard pressure.
20. Enter the low-pressure relief valve settings.
21. Mark whether the drain restriction test passes.
22. Enter the governing pressure.
23. Mark whether the reversing check passes.
24. Enter the unfeathering RPM.
25. Enter the control arm angular travel and total travel in degrees.
26. Enter any additional remarks.
27. Enter the date tested.
28. Signature or initials of the person(s) performing the test.

**Note:** If any fields are not applicable, enter "N/A" or "Not Applicable", leave blank or strike through.

1. Enter the part number.

- Note:** If any fields are not applicable, enter "N/A" or "Not Applicable", leave blank or strike through.

# FAA Form 8130-3, Airworthiness Approval Tag

|   |                 |   |   |                                |                  |
|---|-----------------|---|---|--------------------------------|------------------|
| 1. Approving Civil Aviation Authority/Country:<br><b>FAA/United States</b>  |                 | 2. <b>AUTHORIZED RELEASE CERTIFICATE</b><br>FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG |   | 3. Form Tracking Number:       |                  |
| 4. Organization Name and Address:   |                 |   |   |                                |                  |
| 6. Item:  | 7. Description: | 8. Part Number:   | 9. Quantity:  | 10. Serial Number:             | 11. Status/Work: |
| 12. Remarks:  |                 |   |   |                                |                  |
| 13a. Certifies the items identified above were manufactured in conformity to:<br><input type="checkbox"/> Approved design data and are in a condition for safe operation.<br><input type="checkbox"/> Non-approved design data specified in Block 12.   |                 |   | 14a. <input type="checkbox"/> 14 CFR 43.9 Return to Service <input type="checkbox"/> Other regulation specified in Block 12<br>Certifies that unless otherwise specified in Block 12, the work identified in Block 11 and described in Block 12 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service. |                                |                  |
| 13b. Authorized Signature:  |                 | 13c. Approval/Authorization No.:  |   | 14b. Authorized Signature:     |                  |
| 13d. Name (Typed or Printed):   |                 | 13e. Date (dd/mm/yyyy):   |   | 14c. Approval/Certificate No.: |                  |
|   |                 |   |   | 14d. Name (Typed or Printed):  |                  |
|   |                 |   |   | 14e. Date (dd/mm/yyyy):        |                  |
| User/Installer Responsibilities   |                 |   |   |                                |                  |
| <p>It is important to understand that the existence of this document alone does not automatically constitute authority to install the aircraft engine/propeller/article.</p> <p>Where the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is essential that the user/installer ensures that his/her airworthiness authority accepts aircraft engine(s)/propeller(s)/article(s) from the airworthiness authority of the country specified in Block 1.</p> <p>Statements in Blocks 13a and 14a do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.</p> |                 |   |   |                                |                  |

## Instructions for Completing FAA Form 8130-3, Airworthiness Approval Tag

1. Pre-filled.
2. Pre-filled.
3. Enter the work order number from Form #5.
4. Enter the company name, address and repair station certificate number.
5. Enter the work order number from Form #5.
6. The system will auto fill the number "1".
7. Enter the part description of the unit from Form #5.
8. Enter the part number from Form #5.
9. The system will auto fill the quantity "1".
10. Enter the serial number from Form #5.
11. Enter the work performed from Form #5.
12. Enter the statement below, followed by any applicable manuals, Airworthiness Directives/Service Bulletins/modifications completed, and any remarks or comments.

### Statement

A GENERAL DESCRIPTION OF THE WORK PERFORMED IS ATTACHED AS FORM #5; UNDER THE PART DESCRIPTION LISTED IN BLOCKS 6,7,8,10, 11 AND 12 AS APPLICABLE. A COMPLETE DESCRIPTION OF THE WORK PERFORMED IS ON FILE AT THE ABOVE REFERENCED ORGANIZATION UNDER THE WORK ORDER REFERENCE NUMBER INDICATED IN BLOCK #5.

NOTICE: An Airworthiness Directive may apply to the article(s) described hereon. The installer is responsible for ensuring complete compliance with any applicable Airworthiness Directives.

13. Blocks 13a through 13e shall be marked out.
14. Blocks 14a through 14e shall be marked as follows.
  - a. Mark the box **14 CFR 43.9 Return to Service**.
  - b. Signature of the person, with final inspection authority, who also signed Form #5.
  - c. Enter the repair station's certificate number.
  - d. Enter the printed name of the person who signed in block 14b.
  - e. Enter the date the form was signed.

**Note:** Form more information on filling out FAA Form 8130-3, see FAA Order 8130-21H - Procedures for Completion and Use of the Authorized Release Certificate, FAA Form 8130-3, Airworthiness Approval Tag.

## FAA Form 8120-11, Suspected Unapproved Parts Notification

**FRONT**

OMB Approved 2780-0002  
Expires 11/06/02

| SUSPECTED UNAPPROVED PARTS REPORT   |  |                          |  |
|---|--|--------------------------|--|
| 1. Date the Part Was Discovered:  |  | 2. Part Name:            |  |
| 3. Part Number:   |  | 4. Part Serial Number:   |  |
| 5. Quantity:  |  | 7. Percent Made & Model: |  |
| 6. Assembly Name and Number:  |  | Model:                   |  |
| Name:   |  | Model:                   |  |
| 8. Name, Address, and Description of the Company or Person Who Supplied or Repaired the Part:   |  |                          |  |
| Name:   |  | Zip Code:                |  |
| City:   |  | State:                   |  |
| Country:  |  | Phone Number:            |  |
| Check One of the Following Applicable to the Company or Person Who Supplied or Repaired the Part:   |  |                          |  |
| <input type="checkbox"/> Supplier<br><input type="checkbox"/> Air Carrier - Certificate #<br><input type="checkbox"/> Mechanic - Certificate #<br><input type="checkbox"/> Production Approval Holder<br><input type="checkbox"/> Manufacturer<br><input type="checkbox"/> Distributor<br><input type="checkbox"/> Other<br><input type="checkbox"/> Owner/Operator   |  |                          |  |
| 9. Description of the Issue (attach additional sheet if necessary)  |  |                          |  |
|   |  |                          |  |
|   |  |                          |  |
| 10. Name and Address of (the Company or Person) Where the Part Was Discovered:  |  |                          |  |
| Name:   |  | Street Address:          |  |
| City:   |  | State:                   |  |
| Country:  |  | Zip:                     |  |
| Phone Number:   |  |                          |  |
| Check One of the Following Applicable to the Company or Person Who Discovered the Part:   |  |                          |  |
| <input type="checkbox"/> FAA Inspector<br><input type="checkbox"/> DOT/Office of Inspector General<br><input type="checkbox"/> Defense Criminal Investigation Service<br><input type="checkbox"/> Other Government Agency<br><input type="checkbox"/> Foreign Civil Aviation Authority<br><input type="checkbox"/> Supplier<br><input type="checkbox"/> Production Approval Holder<br><input type="checkbox"/> Unknown<br><input type="checkbox"/> Owner/Operator<br><input type="checkbox"/> Other |  |                          |  |
| 11. Date of this report   |  |                          |  |
| 12. <input type="checkbox"/> Check this box if you request anonymity - Do not complete block 13.  |  |                          |  |
| 13. Name and Address of the Reporter:   |  |                          |  |
| Name:   |  | Street Address:          |  |
| City:   |  | State:                   |  |
| Country:  |  | Zip Code:                |  |
| Phone Number:   |  |                          |  |
| 14. <input type="checkbox"/> Check this box if you request confidentiality.   |  |                          |  |
| 15. <input type="checkbox"/> Check this box if you have attached additional information.  |  |                          |  |

FAA Form 1285-11 (7/2016) Supersedes Previous Edition

Local Remediation Authorized

**BACK**

[illegible]

# Instructions for Completing FAA Form 8120-11, Suspected Unapproved Parts Report

OMB Approved 2120-0552  
Expires 11/30/2022

## Instructions for Completing FAA Form 8120-11, Suspected Unapproved Parts Report

### Paperwork Reduction Act Statement:

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0552. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information, all responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524.

### Privacy Act Statement:

This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a). The authority for collecting this information is contained in 49 U.S.C. 44701. The principal purpose for which the information is collected is to support Suspected Unapproved Parts (SUP) investigations and management reports. Submission of this information is voluntary and is necessary to support the FAA's commitment to promote safety. Information developed from this form is covered under the Privacy Act system of records DOT/FAA 852 and the routine uses of that system will apply. These routine uses include sharing of information with law enforcement agencies for use in civil and criminal investigations, as well as the Department of Transportation preliminary routine uses, which are available at <https://www.transportation.gov/individuals/privacy/privacy-act-system-records-notices>. Individuals who submit reports may request confidentiality of personal information to the extent permitted by the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C. 552a).

An electronic copy of FAA Form 8120-11, Suspected Unapproved Parts Report, is available on the FAA website at <http://www.faa.gov/aircraft/safety/programs/sups>. You may complete the electronic FAA Form 8120-11 and send it to the FAA Hotline email: [FHIS@faa.gov](mailto:FHIS@faa.gov).

### The instructions below correspond to numbered blocks on the Suspected Unapproved Parts Report:

1. Record the date the part was discovered.
2. Record the part name (or a description of the part).
3. Record the part number or identification number of the part.
4. Record the serial number on the part, if applicable.
5. Record the quantity of parts.
6. Record the assembly name and assembly number (where the part was or could be installed).

Record additional part numbers on page 3 or on a blank sheet of paper with the same information. Example:

Part Name: Strut | Part Number: 1234 | Serial Number: 678 | Quantity: 1 | Assembly Name: Main Landing Gear | Assembly Number: 56789X

7. Record the type of aircraft the part was (or could be) installed on.
8. Record the complete name and address of the company or person who produced, repaired, and/or sold the part. Do not list a P.O. Box address unless a street address is not available. Check the box that describes the company or person and provide the certificate number, if known (see explanations of participants below).

**Air Carrier** - An FAA-certificated company or person who undertakes directly by lease, or other arrangement, to engage in air transportation.

**Distributor** - A broker, dealer, reseller or other person or agency engaged in the sale of parts.

**Manufacturer** - The original equipment manufacturer (OEM.)

**Mechanic** - A person holding an FAA mechanics certificate with airframe and/or powerplant ratings.

**Other** - Record other type of business.

**Owner/Operator** - The owner or operator of an aircraft.

**Production Approval Holder** - A company or person holding one of the following three types of FAA production approvals: production certificate, parts manufacturer approval, or technical standard order authorization.

**Repair Station** - An FAA-certificated repair station.

**Supplier** - A company or person who furnishes aircraft parts or related services, at any tier, to the producer of a product or part thereof.

**Unknown** - If not known, check this box.

9. Record a brief narrative stating why you believe the part is not approved. Include a description of the part (improper configuration, suspect marking, different material, etc.), where it was obtained, and what type of documentation was supplied with it.
10. Record the complete name and address of the location where the part was found. Check the appropriate block to reflect the affiliation of the company or person who discovered the part.
11. Record the date the FAA Form 8120-11 is being submitted.
12. Check this box if you request anonymity (do not wish to provide your identity), and do not complete 13 or 14.
13. Record your name, address and phone number, if desired. This information will enable the FAA to contact you for additional information, if necessary.
14. Check this box if you request confidentiality of your personal information recorded in block 13.
15. Check this box if you have provided additional information (photos, invoices, certification statements, etc.).

Forward the completed FAA Form 8120-11, Suspected Unapproved Parts Report, to:

Federal Aviation Administration  
Office of Audit and Evaluation, (Room 911)  
800 Independence Avenue, SW, Washington, DC 20591

FAA Form 8120-11 (7/2018) Supersedes Previous Edition

Local Reproduction Authorized



# FAA Form 337, Major Repair and Alteration

FRONT

| FAA Form 337 (10/06)  |   | Electronic Filing Number<br>(For July 2013)    |   | For FAA Use Only                        |   |
|---|---|--|---|---|---|
| <b>MAJOR REPAIR AND ALTERATION</b><br><b>(Airframe, Powerplant, Propeller, or Appliance)</b>  |   |  |   |   |   |
| <b>INSTRUCTIONS:</b> Print or type all entries. See Title 14, CFR, §43.9, Part 43, Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. <b>The report is required by law (49 U.S.C. §44701).</b> Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §44701a)  |   |  |   |   |   |
| 1. Aircraft   |   | Serial No.                                     |   |   |   |
| Make  | Model                                   | Series   |   |   |   |
| 2. Owner  |   | Address (As shown on registration certificate) |   |   |   |
|   |   | City State Zip Country                         |   |   |   |
| 3. For FAA Use Only   |   |  |   |   |   |
| 4. Type   |   | 5. Unit Identification                         |   |   |   |
| Repair  | Alteration                              | Unit   | Make                                    | Model                                   | Serial No.                              |
| <input type="checkbox"/>  | <input type="checkbox"/>                | AIRFRAME                                       | (As described in Item 1 above)          |   |   |
| <input type="checkbox"/>  | <input type="checkbox"/>                | POWERPLANT                                     |   |   |   |
| <input type="checkbox"/>  | <input type="checkbox"/>                | PROPELLER                                      |   |   |   |
| <input type="checkbox"/>  | <input type="checkbox"/>                | APPLANCE                                       |   |   |   |
| 6. Conformity Statement   |   |  |   |   |   |
| A. Agency's Name and Address  |   | B. Kind of Agency                              |   |   |   |
| Name  |   | U.S. Government Mechanic                       |   |   |   |
| Address   |   | Foreign Certification Mechanic                 |   |   |   |
| City State Zip  |   | C. Certificate No.                             |   |   |   |
|   |   | Issued by                                      |   |   |   |
|   |   | Continued Maintenance Organization             |   |   |   |
| <b>D. I certify that the work was done in accordance with the applicable laws, rules, regulations, and standards of the Federal Aviation Administration and that the work was done in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the work was done in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the work was done in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations.</b> |   |  |   |   |   |
| Estimated range fee: <input type="checkbox"/> per 14 CFR Part 43 <input type="checkbox"/> Signature/Date of Authorized Individual   |   |  |   |   |   |
| 7. Approval for Return to Service   |   |  |   |   |   |
| Pursuant to the authority given, persons specified below, the unit identified in Item 5 was repaired in the manner prescribed by the Administrator of the Federal Aviation Administration and is:   |   |  |   |   |   |
| BY  | FAA PR. Standard                        | Manufacturer                                   | Maintenance Organization                | Inspected by                            | Inspected by                            |
|   | Signature                               | Signature                                      | Signature                               | Signature                               | Signature                               |
|   | FAA Designee                            | Repair Station                                 | Inspection Authorization                | Other (Specify)                         |   |
|   | Signature/Date of Authorized Individual | Signature/Date of Authorized Individual        | Signature/Date of Authorized Individual | Signature/Date of Authorized Individual | Signature/Date of Authorized Individual |

FAA Form 337 (10/06)

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BACK

| FAA Form 337 (10/06)   |   | Electronic Filing Number<br>(For July 2013)    |   | For FAA Use Only                        |   |
|--|---|--|---|---|---|
| <b>MAJOR REPAIR AND ALTERATION</b><br><b>(Airframe, Powerplant, Propeller, or Appliance)</b>   |   |  |   |   |   |
| <b>INSTRUCTIONS:</b> Print or type all entries. See Title 14, CFR, §43.9, Part 43, Appendix B, and AC 43.9-1 (or subsequent revision thereof) for instructions and disposition of this form. <b>The report is required by law (49 U.S.C. §44701).</b> Failure to report can result in a civil penalty for each such violation. (49 U.S.C. §44701a)   |   |  |   |   |   |
| 1. Aircraft  |   | Serial No.                                     |   |   |   |
| Make   | Model                                   | Series   |   |   |   |
| 2. Owner   |   | Address (As shown on registration certificate) |   |   |   |
|  |   | City State Zip Country                         |   |   |   |
| 3. For FAA Use Only  |   |  |   |   |   |
| 4. Type  |   | 5. Unit Identification                         |   |   |   |
| Repair   | Alteration                              | Unit   | Make                                    | Model                                   | Serial No.                              |
| <input type="checkbox"/>   | <input type="checkbox"/>                | AIRFRAME                                       | (As described in Item 1 above)          |   |   |
| <input type="checkbox"/>   | <input type="checkbox"/>                | POWERPLANT                                     |   |   |   |
| <input type="checkbox"/>   | <input type="checkbox"/>                | PROPELLER                                      |   |   |   |
| <input type="checkbox"/>   | <input type="checkbox"/>                | APPLANCE                                       |   |   |   |
| 6. Conformity Statement  |   |  |   |   |   |
| A. Agency's Name and Address   |   | B. Kind of Agency                              |   |   |   |
| Name   |   | U.S. Government Mechanic                       |   |   |   |
| Address  |   | Foreign Certification Mechanic                 |   |   |   |
| City State Zip   |   | C. Certificate No.                             |   |   |   |
|  |   | Issued by                                      |   |   |   |
|  |   | Continued Maintenance Organization             |   |   |   |
| <b>D. I certify that the work was done in accordance with the applicable laws, rules, regulations, and standards of the Federal Aviation Administration and that the work was done in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations and that the work was done in accordance with the requirements of Part 43 of the U.S. Federal Aviation Regulations.</b> |   |  |   |   |   |
| Estimated range fee: <input type="checkbox"/> per 14 CFR Part 43 <input type="checkbox"/> Signature/Date of Authorized Individual  |   |  |   |   |   |
| 7. Approval for Return to Service  |   |  |   |   |   |
| Pursuant to the authority given, persons specified below, the unit identified in Item 5 was repaired in the manner prescribed by the Administrator of the Federal Aviation Administration and is:  |   |  |   |   |   |
| BY   | FAA PR. Standard                        | Manufacturer                                   | Maintenance Organization                | Inspected by                            | Inspected by                            |
|  | Signature                               | Signature                                      | Signature                               | Signature                               | Signature                               |
|  | FAA Designee                            | Repair Station                                 | Inspection Authorization                | Other (Specify)                         |   |
|  | Signature/Date of Authorized Individual | Signature/Date of Authorized Individual        | Signature/Date of Authorized Individual | Signature/Date of Authorized Individual | Signature/Date of Authorized Individual |

FAA Form 337 (10/06)

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Instructions for Completing FAA Form 337, Major Repair and Alteration  
See FAR 43.9, FAR 43 Appendix B, and AC 43.9-1 (or subsequent revision thereof).

# FAA Form 8010-4, Malfunction or Defect Report

OMB No. 2120-0683  
10/31/2020


|   |                        |   |                      |  |  |
|---|------------------------|---|----------------------|--|--|
| DEPARTMENT OF TRANSPORTATION<br>FEDERAL AVIATION ADMINISTRATION                             |                        | OPER. Control No.                       |                      | 3. Comments (Describe the malfunction or defect and the circumstances under which it occurred. State <u>probable</u> cause and recommendations to prevent recurrence.) | <div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 2px;">SUBMITTED BY</div> <div style="margin-bottom: 2px;">TELEPHONE NUMBER</div> </div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 2px;">DATE</div> <div style="margin-bottom: 2px;">TIME</div> </div> </div> |
|   |                        | ATA Code                                |                      |  |  |
| MALFUNCTION OR DEFECT REPORT  |                        | 1. A/C Reg. No. N-                      |                      |  |  |
| Enter pertinent data  |                        | MANUFACTURER MODEL/SERIES SERIAL NUMBER |                      |  |  |
| 2. AIRCRAFT   |                        |   |                      |  |  |
| 3. POWERPLANT   |                        |   |                      |  |  |
| 4. PROPELLER  |                        |   |                      |  |  |
| 5. SPECIFIC PART (of component) CAUSING TROUBLE   |                        |   |                      |  |  |
| Part Name   | MFG. Model or Part No. | Serial No.                              | Part/Defect Location |  |  |
|   |                        |   |                      |  |  |
| 6. APPLIANCE/COMPONENT (Assembly that includes part)  |                        |   |                      |  |  |
| Complete 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 _____ |                        |   |                      |  |  |

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

**PAPERWORK REDUCTION ACT STATEMENT:** The information collected on this form is used to evaluate certification standards, maintenance programs, and regulatory requirements. The information is required to ensure safety in air transportation. It is estimated that it will take approximately 9 minutes to complete the form. Providing this information is mandatory. No assurance of confidentiality is given. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this collection of information is 2120-0003. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection, Clearance Officer, ABA-20.

**Instructions for Completing FAA Form 8010-4, Malfunction or Defect Report**  
See AC 20-109A Appendix A (or subsequent revision thereof).

# Form #17, Vendor Survey

**S & T AIRCRAFT ACCESSORIES, INC.**  
 310 FM 483  
 NEW BRAUNFELS, TX 78130  
  
 FAA REPAIR STATION #CC2R737K  
 WWW.ST.AERO      SALES@ST.AERO  
 PHONE: +1 (830) 625-7923  
 FAX: +1 (830) 625-4138

## VENDOR SURVEY

|  |     |       |
|--|-----|-------|
| Are you an FAA Approved Repair Station?  | YES | NO    |
| If yes, please include a copy of your Certificate, OpSpecs and Quality Manual in your response.                        |     |       |
| Do you hold any other FAA Approved certificates, such as Production Approvals?   | YES | NO    |
| If yes, please include a copy of your Certificate, OpSpecs and Quality Manual in your response, if not included above. |     |       |
| Do you have an FAA Approved Anti-drug & Alcohol policy in effect?  | YES | NO    |
| Do you have any special certifications, such as ISO 9000 certification?  | YES | NO    |
| If yes, what certifications do you have?   |     |       |
| Do you have a policy to ensure current technical data?   | YES | NO    |
| Do you have a Quality Control Program in effect?   | YES | NO    |
| If yes, please include a copy of your Quality Control Manual in your response, if not included above.                  |     |       |
| Are procedures in place to ensure measuring equipment is calibrated, to NIST standards?                                | YES | NO    |
| Are there any comments that you wish to make?  |     |       |
|  |     |       |
|  |     |       |
| Name   |     | Date  |
| Signature  |     | Title |

**Note:** You may securely submit any attachments to us at: [www.st.aero/share](http://www.st.aero/share)

Form #17

## Instructions for Completing Form #17, Vendor Survey

1. Enter the vendor's name and contact information in the box at the top. Mail or email the form to the vendor for completion.

# Form #18, Maintenance Request

## S & T AIRCRAFT ACCESSORIES, INC.

310 FM 483  
NEW BRAUNFELS, TX 78130



PHONE: +1 (830) 625-7923  
FAX: +1 (830) 625-4138

FAA REPAIR STATION #CC2R737K  
WWW.ST.AERO SALES@ST.AERO

### MAINTENANCE REQUEST

|         |       |           |       |
|---------|-------|-----------|-------|
| Vendor  | _____ | Date      | _____ |
| Address | _____ | PO Number | _____ |
|         | _____ | Ship Via  | _____ |
|         | _____ |           |       |
| Phone   | _____ |           |       |
| Email   | _____ |           |       |

| Part Number | Description | Findings | Work Requested |
|-------------|-------------|----------|----------------|
|             |             |          |                |
|             |             |          |                |
|             |             |          |                |
|             |             |          |                |
|             |             |          |                |
|             |             |          |                |
|             |             |          |                |
|             |             |          |                |
|             |             |          |                |
|             |             |          |                |

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested By \_\_\_\_\_ Date \_\_\_\_\_

Form #18

### Instructions for Completing Form #18, Maintenance Request

1. Enter the vendor's name.
2. Enter the vendor's address.
3. Enter the vendor's phone number.
4. Enter the vendor's email address.
5. Enter the date of the request.
6. Enter the PO number the vendor should reference.
7. Enter the return shipping method.
8. Enter the part number of the item that maintenance is requested for.
9. Enter the description of the item that maintenance is requested for.
10. Enter the findings or the reason for the maintenance request for the item.
11. Enter the work requested.
12. Enter any remarks for the vendor.
13. Signature of the person submitting the maintenance request.
14. Enter the date of signing.

**Note:** If any fields are not applicable, enter "N/A" or "Not Applicable", leave blank or strike through.

### Instructions for Completing Form #19, Production Log

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### Form #20, Production Inspection Log

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[illegible]

Part Number \_\_\_\_\_ Date \_\_\_\_\_

|         |                   |
|---------|-------------------|
| Batch # | Repair Spec/PMA # |
|---------|-------------------|

| Unit of Measure | Quantity Sampled | of | % |
|-----------------|------------------|----|---|
|-----------------|------------------|----|---|

| Unit of Measure | Quantity Sampled | Gr | % |
|-----------------|------------------|----|---|
|                 |                  |    |   |

[illegible]

NOTES

\_\_\_\_\_

## Instructions for Completing Form #20, Production Inspection Log

This form is to be used in combination with the dimensional drawings for repair specifications and parts manufacture approvals. Prior to filling out this form, locate the dimensional drawing for the part number that has been produced. For every dimension to be measured using this form, label each dimension alphabetically by placing a capital letter inside a circle immediately to the left or right of the dimensional value. If there are more than 26 dimensions to be labeled, continue through the alphabet as so, AA, AB, AC etc. Each time you get to Z increment the preceding letter and begin at A again as so, AX... AY... AZ... BA... BB... BC... etc. The labeled dimensional drawing and this form make up Form #20.

1. Enter the part number of the part or component.
2. Enter the date you begin the inspection.
3. Enter the batch number of the lot produced.
4. Enter the repair specification or parts manufacturer approval document that you will be using to perform the inspection.
5. Enter the unit of measure that you will be using to perform the dimensional inspection. Typically, this should be the same units that are used in the dimensional drawing for ease of comparison.
6. Enter the number of parts or components in your sample selection.
7. Enter the total number of parts or components in the batch produced.
8. Calculate the percentage sample size of the total batch by dividing the number in blank 6 by the number in blank 7 then multiplying by 100. This number should always be rounded down to the nearest one's place.
9. Directly under the dimensions label, enter each label for the dimensional drawing, starting from A and working to the right. If you require more spaces to the right, you may add a second Form #20 continuing where you left off in the sequence.
10. Directly under the sample number label, enter the sample number that was assigned to each part or component starting from lowest and working downward to highest. If you require more spaces downward, you may add a second Form #20 continuing where you left off in the sequence.
11. Enter the actual measured dimension, ensuring that you are in the cell that intersects with the sample number and the dimension you are measuring on the drawing. Continue this for each part or component to be sampled. To avoid confusion, if your measurement is less than 1 unit of measure, ensure that you use a zero followed by a decimal place and then your measurement. If any measurement is nonconformant, you may use a highlighter or a different color pen to note the discrepancy.
12. Enter any notes you need to make here. Otherwise, enter "None" or "Not Applicable".
13. The person performing the inspection must sign here.
14. The person performing the inspection must print their name here.
15. Enter the date the inspector signed.

Ensure that both the dimensional drawing and the production inspection log remain together, by stapling them or using another method to attach them together.

**Note:** If any fields are not applicable, enter "N/A" or "Not Applicable", leave blank or strike through.