

 CUSTOMER SERVICE INFORMATION REPORT		OPER. Control No.	<input type="text"/>	8. Comments (Describe the malfunction or defect and the circumstances under which it occurred. State probable cause and recommendations to prevent recurrence.) <div style="background-color: #ffffcc; height: 200px; width: 100%;"></div>	DISTRICT OFFICE	OPERATOR DESIGNATOR
		ATA Code	<input type="text"/>			
		1. A/C Reg. No.	<input type="text"/>			
Enter pertinent data		MANUFACTURER	MODEL/SERIES	SERIAL NUMBER		
2. AIRCRAFT		<input type="text"/>	<input type="text"/>	<input type="text"/>	OTHER <input type="checkbox"/>	
3. POWERPLANT		ROTAX	<input type="text"/>	<input type="text"/>	COMMUTER <input type="checkbox"/>	
4. PROPELLER		<input type="text"/>	<input type="text"/>	<input type="text"/>	ACG <input type="checkbox"/>	
5. SPECIFIC PART (of component) CAUSING TROUBLE						
Part Name	MFG. Model or Part No.	Serial No.	Part/Defect Location			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MFG <input type="checkbox"/>		
6. ENGINE COMPONENT (Assembly that includes part)						
Engine/Comp. Name	Manufacturer	Model or Part No.	Serial Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	AIR TAXI <input type="checkbox"/>		
Engine TSN	Engine TSO	Engine Condition	7. Date Sub.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MECH <input type="checkbox"/>		
Optional Information: Check a box below, if this report is related to an aircraft <input type="checkbox"/> Accident; Date <input type="text"/> <input type="checkbox"/> Incident; Date <input type="text"/>				OPER <input type="checkbox"/>		
				REP. STA <input type="checkbox"/>		
				SUBMITTED BY:		
				TELEPHONE NUMBER AND/OR E-MAIL ADDRESS:		