

T.A.I. Propeller Work Order Information

Billing

Name _____
Address _____
City _____
State _____ Zip _____
Contact Person _____
Phone _____
Fax _____
E-mail _____
P.O. Number _____
Payment Method _____

Shipping

Name _____
Address _____
City _____
State _____ Zip _____
Contact Person _____
Phone _____
Fax _____
E-mail _____

Aircraft

Make _____
Model No. _____
Serial No. _____
Registration No. _____
Tach Time _____
Hobbs Time _____

Engine

Make _____
Model No. _____
Horsepower _____
Front Left Hand Right Hand
Rear

Propeller

Make _____
Model No. _____
Serial No. _____
Total Time Since New _____
Total Time Since Overhaul _____
Logbook Yes No Governor Yes No
Date Received _____
Date Expected _____
Work to be performed _____

