



CUSTOMER REPAIR/OVERHAUL REQUEST FORM

CUSTOMER INFORMATION

CONTACT NAME: _____ COMPANY NAME: _____

CUSTOMER PO#: _____ ACCOUNT #: _____

EMAIL ADDRESS: _____ PHONE: _____

RETURN SHIP VIA: _____ FREIGHT ACCOUNT #: _____

RETURN ADDRESS: _____

PART INFORMATION

PART #: _____ SERIAL #: _____

AIRCRAFT MODEL: _____ AIRCRAFT SERIAL #: _____

PART HOURS: _____ PART CYCLES: _____

SQUAWK: _____

PART SHIPPING INFORMATION

Once all the information on this form has been completed, please place this form inside the box with the part and ship it to:

Aerospace Turbine Rotables, Inc.
1919 East Northern Street
Wichita, KS 67216 USA

ADDITIONAL INFORMATION

Please provide any other information that might pertain to this part here:
