AIR PROP SPECIALISTS

3671 Industrial Park Drive Marianna, FL 32446 Phone: (850) 482-5577 * FAX: (850) 482-6003 F.A.A. Approved Repair Station No IX4R247M Email: airprop@airprop.net

PLATING INFORMATION REQUEST

Dear Valued Customer

Work Order # _____

Date:			

In our effort to be of better service to you, we are requesting that you provide the following information when sending your components to us. In the case where information is missing, please fill in the blanks and return this signed form by FAX (850-482-6003).

-	2	P.O. #		
Company Name	e:	Phone #		
Address:		Fax #		
		Cell #		
Contact Persor	ו:	E-Mail		
Component Description:		# Of Items:		
Component Ma	nufacturer:			
		Component Serial #		
What Type of M	laterial is Bing Plated:			
What Color:	Clear Gold	Is Baking Required: Yes No		
Plating Specification Required:		Rockwell Hardness:		
,	Will you need certification pa	per work on this component (Check One) Yes No		
This aircraft o	perates under the following I	FAR (Check One) 91 121 125 129 135 137 Experimental		
Tail (Registrati	ion) #			
Aircraft Manufacturer:		Exact Aircraft Model:		
Work	will begin when we receive th	is signed form. Please return this form as soon as possible.		
Approximate Date Needed By:		How Did Component Arrive:		
Shipping Instru	uctions:			
		Signature		