

Arrival date/Time: _____ / _____

Departure Date/Time: _____ / _____

Location: _____

AIRCRAFT DETAILS:

Operator/Customer: _____

Aircraft Type/Model: _____ S/N: _____ Registration: _____

REQUIRED MAINTENANCE:**OVERTIME AUTHORIZATION**Work in the period between 18:00-09:00, **BUSINESS DAYS** _____ (Please specify YES or NO)Work at the **WEEKENDS** _____ (Please specify YES or NO)**CUSTOMER CONTACT DETAILS**

Email: _____

Mobile: _____

Tel: _____

Contact person: _____

AIRPORT HANDLER CONTACT DETAILS

Company Name: _____

Email: _____

Mobile: _____

Tel: _____

Contact person: _____

CUSTOMER ASSIGNMENT

The signing person confirms that:

- He is fully authorized by the customer to order the maintenance described herein.
- on the date of work request, all applicable airworthiness directives, service bulletins and modifications are accomplished or are not overdue and A/C components are not reached their lifetime;
- all invoices related to the ordered maintenance will be paid in time.

PLS PRINT NAME AND TITLE_____
DATE_____
SIGNATURE**FOR INTERNAL USE ONLY: The Content of Work Request is reflected in WO#**PLEASE SEND THIS SIGNED FORM TO E-MAIL: TECHOPS@CHALLENGE.AERO