



TIFFIN AIRE PROPELLER WORK ORDER INFORMATION

BILLING INFO

NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
CONTACT PERSON _____
PHONE _____
FAX _____
EMAIL _____
P.O NUMBER _____
PAYMENT METHOD _____

SHIPPING / PICKUP AND DELIVERY

NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
CONTACT PERSON _____
PHONE _____
FAX _____
EMAIL _____

AIRCRAFT

MAKE _____
MODEL # _____
SERIAL # _____
N # _____
TACH TIME _____
HOBBS TIME _____

ENGINE

MAKE _____	
MODEL # _____	
SERIAL # _____	
HORSE POWER _____	
ENGINE LOCATION	
<input type="checkbox"/> FRONT	<input type="checkbox"/> LEFT HAND
<input type="checkbox"/> REAR	<input type="checkbox"/> RIGHT HAND
ANY MODIFICATIONS MADE TO ENGINE? _____	

PROPELLER

MAKE _____		
MODEL # _____		
SERIAL # _____		
TOTAL TIME SINCE NEW _____		
TOTAL TIME SINCE OVERHAUL _____		
LOGBOOK:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DATE RECEIVED _____		
DATE EXPECTED _____		
WORK TO BE PERFORMED:		
<input type="checkbox"/> OVERHAUL _____		
<input type="checkbox"/> RESEAL _____		
<input type="checkbox"/> A.D. COMPLIANCE _____		
<input type="checkbox"/> DRESS, PAINT, AND BALANCE _____		
<input type="checkbox"/> SERVICE BULLETIN COMPLIANCE _____		
<input type="checkbox"/> FLUSH _____		
<input type="checkbox"/> REPITCH, TRACK, AND BALANCE _____		
<input type="checkbox"/> REPAIR _____		
<input type="checkbox"/> OTHER _____		

GOVERNOR

MAKE _____
MODEL # _____
SERIAL # _____
WORK TO BE PERFORMED
<input type="checkbox"/> OVERHAUL _____
<input type="checkbox"/> TEST _____
<input type="checkbox"/> REPAIR _____
<input type="checkbox"/> OTHER _____

**ARE ANY STC'S APPLICABLE TO THE PROPELLER,
ENGINE, OR GOVERNOR? (IF SO LIST BELOW)**

☐ YES ☐ NO