

Gas Turbine Inspections LLC. 2351 W. Northwest Hwy, Suite 1229 Dallas, TX, 75220 FAA Repair Station # 1XUR593C EASA.145.6847

## **JOB REQUEST FORM FOR QUOTE**

Customer Information (Customer that will be receiving the invoice):		
Company / Customer Name: Requester Name: Requester Title: Company Billing Address:		
Email: Phone #:		
CUSTOMER CONTACT AT LOCATION	CUSTOMER CONTACT FOR FURTHER INQUIRIES	
NAME COSTONIER CONTACT AT LOCATION	NAME NAME	
TITLE	TITLE	
E-MAIL	E-MAIL	
CONTACT NUMBER	CONTACT NUMBER	
If this is an AOG Situation, please give details below.		
ON-SITE DATE:		
TECH. DATA USED TO BE PROVIDED BEFORE START OF JO	B: .	
DETAIL WORKSCOPE REQUIREMENT:		



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## **AIRCRAFT/ENGINE DETAIL:**

A/C TYPE:	CERTIFICATION REQUIRED:
A/C REGISTRATION #:	CERTIFICATION TYPE:
ENGINE S/N:	ENGINE POSITION:
ENGINE TOTAL TIME:	ENGINE TOTAL CYCLES:
ENGINE S/N:	ENGINE POSITION:
ENGINE TOTAL TIME:	ENGINE TOTAL CYCLES:
ENGINE S/N:	ENGINE POSITION:
ENGINE TOTAL TIME:	ENGINE TOTAL CYCLES:
ENGINE S/N:	ENGINE POSITION:
ENGINE TOTAL TIME:	ENGINE TOTAL CYCLES:
APU P/N:	APU S/N:
APU TOTAL TIME:	APU TOTAL CYCLES:

Can a list of AD's/SB's be provided with the job request.