

NEW YORK WING
REQUEST FOR AIRCRAFT MAINTENANCE AUTHORIZATION

Date of Request: _____ Aircraft Tail Number: Select Tail No _____

CAP Point of Contact: Name: _____ Phone: _____

E-mail: _____ Other: _____

Nature of Maintenance Requested: _____

Proposed Vendor: Vendor Name: _____

Location: _____ Phone Number: _____

Hourly Shop Rate: \$ _____ Estimated # of Labor Hours: _____

Estimated Total Labor Cost: \$ _____

Other estimated costs: _____

Parts Required:	Part Description	Part Number (if known)	Source
NYW LGM To determine Source of parts	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Parts Shipping Address: _____

Approved: _____ Date: _____
NYW Aircraft Maintenance Officer

Approved: _____ Date: _____
NYW Vice Commander

NY Wing Work Order # _____

Follow-Up: NYW Form 90 and Original Invoice Received (Date): _____