

<b>DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION</b>		OPER. Control No.		8. Comments (Describe the malfunction or defect and the circumstances under which it occurred. State probable cause and recommendations to prevent recurrence.)	DISTRICT OFFICE ■	OPERATOR DESIGNATION
MALFUNCTION OR DEFECT REPORT		ATA Code				
1. A/C Reg. No. N-						
Enter pertinent data		MANUFACTURER	MODEL/SERIES			
2.	AIRCRAFT				OTHER	
3.	POWERPLANT				COMMUTER	
4.	PROPELLER				FAA	
5. SPECIFIC PART (of component) CAUSING TROUBLE						
Part Name	MFG. Model or Part No.	Serial No.	Part/Defect Location.		MFG.	
					AIR TAXI	
6. APPLIANCE/COMPONENT (Assembly that Includes part)						
Comp/App'l Name	Manufacturer	Model or Part No.	Serial Number		MECH.	
					OPER.	
Part TT	Part TSO	Part Condition	7. Date Sub.	Optional Information: Check a box below, if this report is related to an aircraft <input type="checkbox"/> Accident; Date _____ <input type="checkbox"/> Incident; Date _____		
					REP. STA.	
				SUBMITTED BY: _____ TELEPHONE NUMBER ( ) _____		

FAA FORM 8010-4 (10-92) SUPERSEDES PREVIOUS EDITIONS

Use this space for continuation of Block 8 (if required).

**PAPERWORK REDUCTION ACT STATEMENT:** The information collected on this form is used to evaluate certification standards, maintenance programs, and regulatory requirements. The information is required to ensure safety in air transportation. It is estimated that it will take approximately 9 minutes to complete the form. Providing this information is mandatory. No assurance of confidentiality is given. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The control number for this collection of information is 2120-0003.

U.S. Department  
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**Federal Aviation  
Administration**

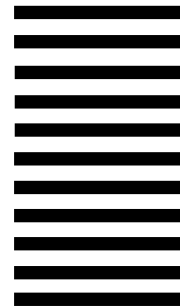
Flight Standards Service  
Aviation Data Systems Branch  
P.O. Box 25082  
Oklahoma City, OK 73125-5029  
**AFS-620**

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