

	<b>GUINEAN CIVIL AVIATION AUTHORITY</b>	Document No.	
		AGAC/AWS/OF/017	
Document Title:		Issue No.	Page No.
<b>SUSPECTED UNAPPROVED PARTS REPORT</b>		1	Page 1 of 1

<b>1. Date the Part Was Discovered:</b>		<b>2.Part Name:</b>	
<b>3. Part Number:</b>		<b>4.Part Serial Number</b>	
<b>5.Quantity:</b>	<b>6. Assembly Name:</b>	<b>7.Aircraft Make &amp; Model:</b>	
	<b>Assembly Number</b>	<b>Make:</b>	
		<b>Model:</b>	
<b>8. Name, Address, and Description of the Company or Person Who Supplied or repaired the part:</b>			
Name:		Address/ City:	
Phone Number:		Fax Number:	Email:
Check One of the Following Applicable to the Company or Person Who Supplied or repaired the part:			
<input type="checkbox"/> Air operator Certificate Number		<input type="checkbox"/> Supplier	
<input type="checkbox"/> Technician Certificate Number		<input type="checkbox"/> Production Approval Holder	
<input type="checkbox"/> AMO Certificate Number		<input type="checkbox"/> Manufacturer	
<input type="checkbox"/> Distributor		<input type="checkbox"/> Other	
<input type="checkbox"/> Owner/Operator		<input type="checkbox"/> Unknown	
<b>9.Description of the Issue: (attach additional sheet if necessary)</b>			
<b>10. Name and Address of (the Company or Person) Where the Part Was discovered:</b>			
Name:		Address/ City	
Phone Number:		Fax Number:	Email:
Check One of the Following Applicable to the Company or Person Who discovered the part:			
<input type="checkbox"/> Air operator Certificate Number		<input type="checkbox"/> AGAC Inspector	
<input type="checkbox"/> Technician Certificate Number		<input type="checkbox"/> Other Government Agency	
<input type="checkbox"/> AMO Certificate Number		<input type="checkbox"/> Foreign Civil Aviation Authority	
<input type="checkbox"/> Distributor		<input type="checkbox"/> Owner/Operator	
<input type="checkbox"/> Supplier		<input type="checkbox"/> Other	
<input type="checkbox"/> Unknown			
<b>11. Date of this report:</b>			
<b>12. Check this box if you request anonymity - Do not complete block 13.</b>			
<b>13. Name and Address of the Reporter:</b>			
Name:		Address/ City	
Phone Number:		Fax Number:	Email: