

HARTZELL PROPELLER INC.

ALERT SERVICE BULLETIN APPENDIX

HC-ASBA-61-384

Blades - Compression Rolling (Avialsa T-35 S.L.)

Compliance Form		
Owner Information:		
Name: _____	Phone: _____	
Address: _____	Fax: _____	
_____	Email: _____	
City: _____	Zip/Postal Code: _____	
State: _____	Country: _____	
Repair Station:		
Company: _____	Phone: _____	
Contact Name: _____	Fax: _____	
Address: _____	Email: _____	

City: _____	Zip/Postal Code: _____	
State: _____	Country: _____	
Signature: _____		
Propeller Information: (TSN= time since new TSO= time since overhaul)		
Propeller Model: _____	Propeller S/N: _____	
Propeller TSN: _____	Propeller TSO: _____	
Blade Information:		
Blade Model: _____	Was blade compression rolled?	Date of blade shank overhaul
Blade #1 S/N: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Blade #2 S/N: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Blade #3 S/N: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Blade #4 S/N: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
Blade #5 S/N: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date: _____
<p>Send this completed and signed form to Hartzell Propeller Inc. Product Support Department: Fax: (001) 937.778.4215 or Email: techsupport@hartzellprop.com</p> <p>DO NOT WRITE BELOW THIS LINE - FOR HARTZELL PROPELLER INC. USE ONLY</p>		