



USCG AUXiliary FACILITY N \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

ENGINE/s: Make \_\_\_\_\_ Model \_\_\_\_\_

Make \_\_\_\_\_ Mode \_\_\_\_\_

Engine/s installed or OH:mm/yyyy-Tach \_\_\_\_\_

Mfg's recommended TBO:Yrs/Hours \_\_\_\_\_

Engine Due:mm/yyyy-Tach \_\_\_\_\_

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Propeller/s: Make \_\_\_\_\_ Model \_\_\_\_\_

Prop/s installed/OH:mm/yyyy-Tach \_\_\_\_\_

Mfg's recommended TBO:Yrs/Hours \_\_\_\_\_

Prop/s Due:mm/yyyy-Tach \_\_\_\_\_

I certify this information to be true and correct

Signed:

Date: