



1. USCG AUXiliary FACILITY N _____

2. Year _____ Make _____ Model _____

ENGINE/s: Make _____ Model _____
 Make _____ Model _____

Manufacturer's recommended TBO: Hours _____ Years _____

Date Engine/s Installed/Overhauled _____

Since New or OH:Tach _____ Years/Months _____

POPELLER/s Make _____ Model _____

Manufacturer's recommended TBO: Hours _____ Years _____

Date Prop/s Installed/Overhauled _____

Since new or OH:Tach _____ Years/Months _____

I certify this information to be true and correct

Signed: _____ Date: _____