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| 1. Approving National Aviation Authority/Country: FAA/UNITED STATES | 2. AUTHORIZED RELEASE CERTIFICATE FAA FORM 8130-3, AIRWORTHINESS APPROVAL TAG | 3. Form Tracking Number. X64881-1 |
|---|---|---|

| | | |
|---|-------------------|---|
| 4. Organization Name and Address. HRD Aero Systems 25555 Avenue Stanford Valencia, CA 91355 USA Ph: 661-295-0670, Fax: 661-295-0672 | FAA CRS: YN2R325L | 5. Work Order, Contract or Invoice Number: X64881/R-47714 |
|---|-------------------|---|

| 6. Item | 7. Description: | 8. Part Number: | 9. Eligibility: * | 10. Quantity: | 11. Serial/Batch Number: | 12. Status/Work: |
|---------|-----------------|-----------------|-------------------|---------------|--------------------------|------------------|
| 1 | OXYGEN MASK | 174070-40 | N/A | 1 | 13950 | <i>REPAIRED</i> |

13. REMARKS
 This article was REPAIRED and inspected in accordance with B/E REPAIRABLE CMM 174070-40 Revision 803 Date 6-2002. This article was also inspected for any applicable AD's. HRD Aero Systems, Inc. certifies that the work specified in blocks 12 and 13 was performed in accordance with EASA implementation rule Part 145 approval, and with respect to that work, the aircraft component is considered ready for release to service under E.A.S.A. 145.4543. See work order for details.

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| 14. Certifies the items identified above were manufactured in conformity to: <input type="checkbox"/> Approved design data and are in a condition for safe operation. <input type="checkbox"/> Non-approved design data specified in Block 13 | 19. <input checked="" type="checkbox"/> 14 CFR 43.9 Return to Service <input checked="" type="checkbox"/> Other regulation specified in Block 13 Certifies that unless otherwise specified in Block 13, the work identified in Block 12 and described in Block 13 was accomplished in accordance with Title 14, Code of Federal Regulations, part 43 and in respect to that work, the items are approved for return to service. |
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|------------------------------|--------------------------------|---|---|
| 15. Authorized Signature: | 16. Approval Authorization No: | 20. Authorized Signature: <i>Alejandro Garcia</i> | 21. Approval/Certificate No: FAA CRS: YN2R325L |
| 17. Name (Typed or Printed): | 18. Date (m/d/y): | 22. Name (Typed or Printed): Alejandro Garcia | 23. Date (m/d/y): <i>DEC-19-2006</i> |

User/Installer Responsibilities

It is important to understand that the existence of this document alone does not automatically constitute authority to install the part/component/assembly.

Where the user/installer work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1 it is essential that the user/installer ensures that his/her airworthiness authority accepts parts/components/assemblies from the airworthiness authority of the country specified in Block 1.

Statement in Blocks 14 and 19 do not constitute installation certification. In all cases aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.

QA Document

| | |
|----------|-------------------------------------|
| Company: | Receiver #: R4942 |
| Address: | Order #: BEEHCRAFT 1900D - ERICKSON |
| | Entered: 8/23/2022 <i>Re</i> |

| Part Number | NSN | Qty | Qty Appr | Qty Rej | Cond | Location | Control # | ID | Serial # | Hologram # |
|-----------------|-----|---------|---------------|--------------|---------|-----------|-----------|----|----------|------------|
| Description | | Max Qty | Qty Appr Hist | Qty Rej Hist | Consign | Warehouse | | | | |
| 174070-40 | | 1.00 | 1.00 | 0.00 | RE | A-R3-B11 | 9031 | 1 | | |
| MASK, FULL FACE | | .0 | 0.00 | 0.00 | _ | WHS1 | | | | |

Findings:

REPAIR ORDER



EVERGREEN HELICOPTERS, INC.

ADDRESS ALL CORRESPONDENCE AND
REPLIES TO THE ATTENTION OF:
ROTABLES ANALYST

3850 Three Mile Lane, McMinnville, OR 97128 USA
Phone (503) 472-9361, Fax (503) 434-4212

Repair Order No.

R-47714

Repair Order Date

10/02/2006

SHIP TO

HRD AERO SYSTEMS, INC
24907 ANZA DRIVE
VALENCIA, CA 91355

ATTN: LISA MURPHY
PH: 661-295-0670/F: 295-0672

RETURN TO

NOTIFY UPON COMPLETION
RACHEL STRENG
PHONE: 503-472-9361, EXT 4805
FAX: 503-434-4003
PLEASE FAX THE INVOICE TO THE
NUMBER ABOVE.

SHIPPED VIA

UPS Blue

| | | | | |
|----------------------------|----------------------------|----------------------|--------------------|----------------------|
| CODE | CATEGORY MISC AND OTHER | | INTERNAL REFERENCE | |
| DATE REMOVED 10/03/2006 | HUB PTY | AIRCRAFT CASA 212 | TYPE | RETURN NO LATER THAN |

| ITEM | PART NUMBER | DESCRIPTION | MANUFACTURER'S SERIAL NUMBER | T.S.N. | T.S.O. |
|--|-------------|-----------------|------------------------------|--------|--------|
| 1 | 174070-40 ✓ | MASK, FULL FACE | 13950 ✓ | | |
| <p>RECEIVED</p> <p>10 MAY 2007 <i>JM</i></p> <p>Evergreen Aviation PANAMA</p> | | | | | |

Rem : REQUIRES INSPECTION & RECERTIFICATION. ***PLEASE EXPEDITE***
Wrks: REPAIR IAW MANUF. SPECS., MUST PROVIDE FAA ACCEPTABLE-CERTS
Text: TEAR DOWN AND COST ESTIMATE REQUIRED

FAA TAGS/CERTIFICATION/MAINTENANCE RELEASE TAG REQUIRED ON ALL AIRCRAFT COMPONENTS

RECEIVING INFORMATION:

Received 5-2-2007
Repaired 12-19-2006

SERVICE VENDOR PROCESSING INSTRUCTIONS

ALL SERVICE TO BE ACCOMPLISHED IN ACCORDANCE WITH APPLICABLE MANUFACTURER'S SPECIFICATIONS. ANY MODIFICATIONS OR DEVIATIONS FROM SPECIFICATIONS MUST BE AUTHORIZED BY EVERGREEN HELICOPTERS, INC., PRIOR TO ACCOMPLISHMENT, SUCH AUTHORITY TO BE IN WRITING BY ISSUANCE OF CHANGE OF NOTICE TO THIS ORDER.

1. THIS REPAIR ORDER PROVIDES AUTHORIZATION TO TEAR DOWN AND INSPECT SUBJECT ITEM(S) FOR REPAIR PRICE QUOTE ONLY.
2. NO FURTHER WORK OR REPAIRS ARE AUTHORIZED UNTIL WRITTEN AUTHORIZATION TO PROCEED WITH REPAIRS IS RECEIVED.
3. REPAIR PRICE QUOTE SHOULD BE FAXED TO ROTABLES ANALYST, EVERGREEN HELICOPTER, INC., PHONE (503) 472-9361, FAX (503) 434-4212
4. THE INSTRUCTIONS AND CONDITIONS ENTERED OR CONTAINED HEREIN, ON THE REVERSE, OR ON ATTACHMENTS, HERETO ARE MADE A PART OF THIS ORDER TO WHICH THE VENDOR AGREES UPON ACCEPTANCE.

CS

By *[Signature]*
Authorized Signature