


121466

Repair Estimate

Attn:		Work to be carried on:		 <p style="font-weight: bold; font-size: 1.2em;">Aerocopter Component Services</p>
KIMBERLY CHANCE		Desc.:	MAIN LANDING GEAR BRAKE	
PRIME INDUSTRIES INC		Ref #:	055590	
406 DIVIDEND DRIVE,		P/N:	C20723000	
PEACHTREE CITY, GA		S/N:	02957	
USA, , 30269		Your Instructions:		
Tel:	770-632-1851	INSPECT	TCCA FORM 1, DUAL RELEASE	Work Order #: 17152
Fax:	770-632-1852	WITH LOG CARD, TSN 829.7, TSO N/A .		Received: 30-Oct-23 Printed: 08-Nov-23

Symptoms and visual inspection result:

- PHYSICAL CONDITION GOOD

Preliminary Test and Detail Inspection Result:

- PRELIMINARY TESTED
- PARTIALLY DISASSEMBLED AND CLEANED
- DIMENSION CHECKED, VISUALLY INSPECTED
- FINDINGS: -SEAL WORN, TO BE REPLACED. -STATOR DISK SUPPORT, STATOR (QTY 3), ROTOR (QTY 2), AND INSULATOR (Qty 5) ARE WORN, TO BE REPLACED.

Corrective Actions to be Carried out after Approval of this Estimate:

- SEAL KIT AND WORN PARTS WILL BE REPLACED.
- ALL FINDINGS WILL BE CORRECTED
- UNIT WILL BE ASSEMBLED AND TESTED
- UNIT RECERTIFIED AS REPAIRED I.A.W. MFG'S SPECIFICATION
- DEPART WITH MOD. / AMDT

Parts Replaced or Repaired:

P/N	Description	Action	Qty	Unit Price	Ext Price
C20723000	SEAL KIT	REPLACED	1		
A37498	ROTOR	REPLACED	2	\$745.00	\$1,490.00
20558	STATOR DISK SUPPORT	REPLACE	1	\$3,530.00	\$3,530.00
21222-000-00	INSULATOR	REPLACE	5	\$55.00	\$275.00
20561	STATOR	REPLACED	3	\$490.00	\$1,470.00
					\$0.00
					\$0.00

<p>Authorization: Additional charges may apply if part(s) fail detail inspection and/or NDT. Your approval is required before proceeding and completing the above unit. This quote is valid for 15 days, please advise Aerocopter of your decision by faxing this completed and signed estimate to 905-850-9123</p>	Total Parts:	
	Total Labour:	
	Total NDT:	
	Other:	\$0.00
	Other:	\$0.00
Delivery: Expect to ship within 20 working days from estimate approval date.	Total:	

PLEASE COMPLETE THE SECTION BELOW IN FULL:	WARRANTY MTH / HRS
Shipping insurance is desired: Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Terms:
IF QUOTE IS DECLINED, CUSTOMER WILL BE CHARGED THE FOLLOWING EVALUATION FEE:	Evaluation Fee:

Courier Name:		Requested Service Priority:		Your business is greatly appreciated!
Account #:				
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>			
Customer Signature:				
Date:	Month: Day: Year:			