



TRINIDAD AND TOBAGO CIVIL AVIATION AUTHORITY

SERVICE DIFFICULTY REPORT

*(To be used for reporting of Failures, Malfunctions and Defects as required by TTCAR
No.3:76 (2)(c) and No.5:22)*

1 Registration No. 9Y-		2 (a) Civil Aviation Authority (P.O. Box 2163, National Mail Centre Piarco Trinidad)			3 Date of Occurrence		
4 Location:		2 (b) (Address of State Of Design Authority)		2 (c) (Address of Type Certificate Holder)		5 Date Submitted	
						6 OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/>	
		Make	Model	Serial No.		8 Phase of Operation/Maintenance Ground <input type="checkbox"/> Taxi <input type="checkbox"/> Take-off <input type="checkbox"/> Climb <input type="checkbox"/> Cruise <input type="checkbox"/> Descent <input type="checkbox"/> Landing <input type="checkbox"/>	
7 (a) Aircraft							
(b) Powerplant							
(c) Propeller							
9 System/Component (assembly that includes Part)							
Name		Make	Model	Serial No.			
10 Specific Part (of Component) causing problem							
Name		Number		Part/Defect Location		11 Submitted by:	
12 ATA Code	13 Part TT	14 Part TSO		15 Part Condition		Operator <input type="checkbox"/> AMO <input type="checkbox"/> Air Traffic Controller <input type="checkbox"/> Pilot <input type="checkbox"/> AMEL <input type="checkbox"/>	
16 <u>Comments</u> (Describe the service difficulty and the circumstances under which it occurred. State probable cause and recommended corrective action to prevent recurrence, use reverse side if needed.)							
17							
Name _____		Signature _____			Organization _____		

