



**GUYANA CIVIL AVIATION AUTHORITY
AVIATION SAFETY AND SECURITY DIRECTORATE**

Form#: GCAA/AIR/ 2696

Origin: Airworthiness
Rev 01

SUSPECTED UNAPPROVED PART REPORT

1. DATE THE PART/COMPONENT WAS DISCOVERED:	2. NAME THE COMPANY OR PERSON WHERE THE PART WAS DISCOVERED:	3. ADDRESS:		
4. DATE SUBMITTED:	5. NAME, ADDRESS, AND DESCRIPTION OF THE COMPANY OR PERSON WHO SUPPLIED OR REPAIRED THE PART: NAME: _____ STREET ADDRESS: _____ CITY: STATE: _____ ZIP CODE: _____ PHONE NUMBER: _____ COUNTRY: _____			
6. CHECK ONE OF THE FOLLOWING APPLICABLE TO THE COMPANY OR PERSON WHO SUPPLIED OR REPAIR THE PART: <input type="checkbox"/> OEM <input type="checkbox"/> Manufacture <input type="checkbox"/> Distributor <input type="checkbox"/> Overhauler/Repair Station <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Other <input type="checkbox"/> Supplier				
7. PART/COMPONENT (ASSEMBLY THAT INCLUDES PART DESCRIPTION)		8. PLACE FOUND		
Name	Make	Model	Serial Number	<input type="checkbox"/> Aircraft <input type="checkbox"/> Stores <input type="checkbox"/> Ground <input type="checkbox"/> Other
Dimension	Specific Marks	Part/Defect Location		9. SUBMITTED BY: <input type="checkbox"/> Operator <input type="checkbox"/> AMO <input type="checkbox"/> Pilot <input type="checkbox"/> AMEL <input type="checkbox"/> Other
10. ATA CODE	11. PART TOTAL TIME	13. PART TSO	14. PART STATUS	
15. DESCRIPTION OF THE ISSUE: (ATTACH ADDITIONAL SHEET IF NECESSARY)				
_____ NAME	_____ SIGNATURE	_____ ORGANISATION		