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AIRWORTHINESS DIRECTIVES COMPLIANCE STATUS

NAME OF OPERATOR: DATE PREPARED:.....
 HOURS:.....
 CYCLES:.....
 A/C REG. NO: TYPE: SERIAL NO: DATE OF MANUFACTURE:

AD NO.	SUBJECT	APPLICABILITY	THRESHOLD/ REPETITIVE INTERVALS	LAST COMPLIANCE (DATE/HRS/CYCLES)	NEW DUE (DATE/HRS /CYCLES)	REMARKS

