

**ASU (BC)
MAINTENANCE
P.O. BOX 8000
CHILLIWACK, BC
V2P 8A6**

**CUSTOMER SERVICE / SERVICE A LA CLIENTELLE
PHONE (604) 858-1146
FAX (604) 858-1148**

WORK ORDER REQUEST

DEMANDE DE TRAVAIL

UNIT / UNITE	DA ACCOUNT #	REQUESTER / DEMANDEUR	TEL / PHONE #
UIC			
CFR or NSN		UNIT DEMAND # / DEMANDE D'UNITÉ	
SERIAL # / # DE SÉRIE		DATE / REQUESTED DEMANDÉ / /	
QTY: (componet only / comp seulement) ()		DATE / REQUIRED / REQUISE / /	
DESCRIPTION / NOMENCLATURE			
(if / si applicable)			
ACCIDENT REPORT #		#	
DESCRIPTION OF WORK / DESCRIPTION DU TRAVAIL DEMANDÉ			
(Give as much info as possible / Donnez le plus d'info que possible)			
Accident / Training accident / Fire / Misuse /			
occurred on :			
at:			
is / is not being investigated			
Estimated / Actual cost of repairs			
is / is not required			
Repairs are / are not authorised			
Certified by (CO or authorized designate)			
X			
USAGE / MILLAGE		SIGNATURE	
		X	

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REPRODUCE FORM LOCALLY / REPODUIRE LOCALEMENT

*REPLACES LAND MAINTENANCE 1020D WORK ORDER
*REMPLACER L'ANCIENNE DEMANDE DE TRAVAIL 1020D

Form: Maint Svc-2

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Date Issued: 15 May, 2001