

Sailplane LS3-___ Serial No. _____ TCDS No. _____
 Year of _____
 Registration _____ Manufact. _____ Page No. _____

List opened:
Date + Signature
of Inspector:

TB LBA-AD	Component affected	Measure / Modifi- cation	Interval	Date Op.Time Stamp Inspec.	Date Op.Time Stamp Inspec.	Date Op.Time Stamp Inspec.	Date Op.Time Stamp Inspec.	Date Op.Time Stamp Inspec.
<u>3049</u> <u>93-001</u> <u>Rev.3</u>	Securing sleeve white for left Hotellier Connector	Inspect for proper retaining+ function	each annual inspect.	_____	_____	_____	_____	_____
---				_____	_____	_____	_____	_____
---				_____	_____	_____	_____	_____
---				_____	_____	_____	_____	_____

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