

ATTACHMENT 3

TO

AIRWORTHINESS GROUP CHAIRMAN'S FACTUAL
REPORT

DCA17FA021

ASIG Fuel Truck Offload slips



Aircraft Service Record

35475250

ASIG ACCOUNTING

DATE: 10-30-16	CUSTOMER: AA	GA <input type="checkbox"/>	FLIGHT NO: AA0000
A/C TYPE: 767	TAIL NBR: 345	ORIGIN: OKD	DESTINATION: OKD

Jet A <input checked="" type="checkbox"/>	Jet A w/Additive <input type="checkbox"/>	Bonded Jet <input type="checkbox"/>	Auto <input type="checkbox"/>
100 LL <input type="checkbox"/>	Diesel <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>

Transfer from: _____ To: _____ Other: _____

FOB <input type="checkbox"/>	Preload <input type="checkbox"/>	Recirc. <input type="checkbox"/>	Callback <input type="checkbox"/>
Defuel <input checked="" type="checkbox"/>	Refuel <input type="checkbox"/>	Inop Gauge <input type="checkbox"/>	A/C Swap <input type="checkbox"/>
GSE <input type="checkbox"/>			

Services Requested:

Meter 1 _____ Finish _____ Meter 2 _____

S: 1422257
E: 142225

Meter 1 _____ Start _____ Meter 2 _____

TOTAL GALLONS: -32

Supplier: ASIG	Unit: 19948	Location: HGR
FUELER:	NBR:	ON A/C:
OFF A/C:		

Received by: (Customer) X

FUEL CAPS ATTACHED (if applicable); FUEL PANEL DOOR CLOSED & SECURED. FUELER INITIALS:



Aircraft Service Record

35421266

ASIG ACCOUNTING

DATE: 10-29-16	CUSTOMER: A.A	GA <input type="checkbox"/>	FLIGHT NO: TERM
A/C TYPE: 5167	TAIL NBR: 345	ORIGIN: OKD	DESTINATION: OKD

Jet A <input checked="" type="checkbox"/>	Jet A w/Additive <input type="checkbox"/>	Bonded Jet <input type="checkbox"/>	Auto <input type="checkbox"/>
100 LL <input type="checkbox"/>	Diesel <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>

Transfer from: _____ To: _____ Other: _____

FOB <input type="checkbox"/>	Preload <input type="checkbox"/>	Recirc. <input type="checkbox"/>	Callback <input type="checkbox"/>
Defuel <input checked="" type="checkbox"/>	Refuel <input type="checkbox"/>	Inop Gauge <input type="checkbox"/>	A/C Swap <input type="checkbox"/>
GSE <input type="checkbox"/>			

Services Requested:

Meter 1 _____ Finish _____ Meter 2 _____

END GROSS COUNT -36 GALLONS
 GROSS DELIVERY -36 GALLONS
 START TOTALIZER 142291 GALLONS
 END TOTALIZER 142327 GALLONS

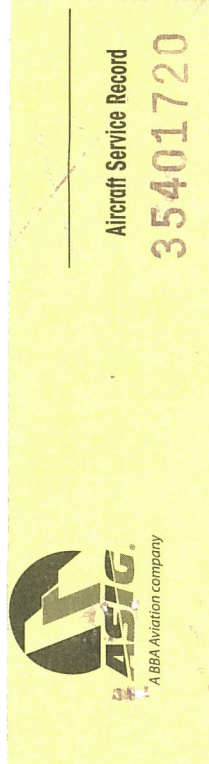
Meter 1 _____ Start _____ Meter 2 _____

TOTAL GALLONS: -36

Supplier: ASIG	Unit: 19948	Location: HGR
FUELER: L Green	NBR: 1	ON A/C:
OFF A/C:		

Received by: (Customer) X

FUEL CAPS ATTACHED (if applicable); FUEL PANEL DOOR CLOSED & SECURED. FUELER INITIALS:



ASIG ACCOUNTING

DATE: 10/30/16	CUSTOMER: AA	GA <input type="checkbox"/>	FLIGHT NO: 0000
A/C TYPE: 767	TAIL NBR: 345	ORIGIN: OKD	DESTINATION: OKD

Jet A <input checked="" type="checkbox"/>	Jet A w/Additive <input type="checkbox"/>	Bonded Jet <input type="checkbox"/>	Auto <input type="checkbox"/>
100 LL <input type="checkbox"/>	Diesel <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>

Transfer from: _____ To: _____ Other: _____

FOB <input type="checkbox"/>	Preload <input type="checkbox"/>	Recirc. <input type="checkbox"/>	Callback <input type="checkbox"/>
Defuel <input checked="" type="checkbox"/>	Refuel <input type="checkbox"/>	Inop Gauge <input type="checkbox"/>	A/C Swap <input type="checkbox"/>
GSE <input type="checkbox"/>			

Services Requested:

Meter 1 _____ Finish _____ Meter 2 _____

METER NUMBER 19948 AVIATION 1

TIME START 10:30:16
 TIME END 10:30:16
 END GROSS COUNT 0 GALLONS
 GROSS DELIVERY -2917 GALLONS
 START TOTALIZER 142225 GALLONS
 END TOTALIZER 141928 GALLONS

Meter 1 _____ Start _____ Meter 2 _____

TOTAL GALLONS: -2917

Supplier: ASIG	Unit: 751	Location: Flanger
FUELER: [REDACTED]	NBR: 8219	ON A/C: 10:08
OFF A/C: [REDACTED]		

Received by: (Customer) X

FUEL CAPS ATTACHED (if applicable); FUEL PANEL DOOR CLOSED & SECURED. FUELER INITIALS: