

Component Name **TRUNNION ASSY**

Part Number 204-011-105-001 -103FM

Serial Number **A-FS3795**

Page 1 Of 1

A Textron Company  
Post Office Box 482, Fort Worth Texas 78101

NOTICE: WHEN RETURNING ANY LIMITED LIFE COMPONENT TO BHTC/BHTI FOR ANY REASON IT IS MANDATORY THAT A VALID HISTORICAL SERVICE RECORD ACCOMPANY THE COMPONENT.

## HISTORICAL SERVICE RECORD

[illegible]

History of Inspection, Overhaul, Repair and Application of Technical Bulletin, Service Bulletin, Airworthiness Directives, Etc.

[illegible]

Refer to applicable regulatory agency directives and Section 4 of the Maintenance

<sup>1</sup> for RIN Accumulation Instructions (Model 204 refer to Section 1)

| Subcomponent Name | Serial Number | Accumulated Time at Installation |              |           | Component Scheduled Removal | Accumulated Time at Removal |              |           |
|-------------------|---------------|----------------------------------|--------------|-----------|-----------------------------|-----------------------------|--------------|-----------|
|                   |               | Component                        | Subcomponent |           |                             | Component                   | Subcomponent |           |
|                   |               |                                  | Since New    | Since O/H |                             |                             | Since New    | Since O/H |
| Part Number       |               | Hrs./Date                        | Hrs./Date    | Hrs./Date | Hrs./Date                   | Hrs./Date                   | Hrs./Date    | Hrs./Date |
|                   |               | RIN/Date                         | RIN/Date     | RIN/Date  | RIN/Date                    | RIN/Date                    | RIN/Date     | RIN/Date  |
| Name              |               |                                  |              |           |                             |                             |              |           |
| NO.               |               |                                  |              |           |                             |                             |              |           |
| Name              |               |                                  |              |           |                             |                             |              |           |
| NO.               |               |                                  |              |           |                             |                             |              |           |
| Name              |               |                                  |              |           |                             |                             |              |           |
| NO.               |               |                                  |              |           |                             |                             |              |           |
| Name              |               |                                  |              |           |                             |                             |              |           |
| NO.               |               |                                  |              |           |                             |                             |              |           |
| Name              |               |                                  |              |           |                             |                             |              |           |
| NO.               |               |                                  |              |           |                             |                             |              |           |
| Name              |               |                                  |              |           |                             |                             |              |           |
| NO.               |               |                                  |              |           |                             |                             |              |           |
| Name              |               |                                  |              |           |                             |                             |              |           |
| NO.               |               |                                  |              |           |                             |                             |              |           |
| Name              |               |                                  |              |           |                             |                             |              |           |
| NO.               |               |                                  |              |           |                             |                             |              |           |
| Name              |               |                                  |              |           |                             |                             |              |           |
| NO.               |               |                                  |              |           |                             |                             |              |           |
| Name              |               |                                  |              |           |                             |                             |              |           |
| NO.               |               |                                  |              |           |                             |                             |              |           |
| Name              |               |                                  |              |           |                             |                             |              |           |
| NO.               |               |                                  |              |           |                             |                             |              |           |
| Name              |               |                                  |              |           |                             |                             |              |           |
| NO.               |               |                                  |              |           |                             |                             |              |           |