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|--|---|----------------------------------|
| 1. Approving Civil Aviation Authority/ Country: FAA/United States | 2. Authorized Release Certificate FAA Form 8130-3, AIRWORTHINESS APPROVAL TAG | 3. Form Tracking Number: 3086 |
|--|---|----------------------------------|

| | | |
|--|----------|--|
| 4. Organization Name and Address: Daport Corporation 7758 NW 53rd Street Doral, Florida 33166 USA Phone: (305) 889-1020 Fax: (305) 889-1020 | DQPR312C | 5. Work Order/Contract/Invoice Number: 1642 |
|--|----------|--|

| 6. Item: | 7. Description: | 8. Part Number: | 9. Quantity: | 10. Serial Number: | 11. Status/Work: |
|----------|-----------------|-----------------|--------------|--------------------|------------------|
| 1 | Linear Actuator | 541674-4 | 1ea. | 5-636 | Overhauled |

12. Remarks: All work performed with FAA Approved Data. See attached tear down report number as identified in block 3. Full details of work carried out held on file in Work Order number specified in block 3.
 Certifies that the work specified in block 11/12 was carried out in accordance with EASA Part-145 and in respect to that work the component is considered ready for release to service under EASA Part 145 Approval Number: EASA.145.6617

Overhauled in accordance with the following Technical Data: Manual Number: 21-20-36 Revision: 15 Date: 3/29/2019 No applicable A.D. or S.B. Required.

13a. Certifies the items identified above were manufactured in conformity to:

Approved design data and are in a condition for safe operation.

Non-approved design data specified in Block 3.

14a. 14 CFR 43.9 Return to Service Other regulation specified in Block 12

14b. Certifies that unless otherwise specified in Block 12, the work identified in Block 11 and described in Block 12 was accomplished in accordance with Title 14, Code of Federal Regulations Part 43 and in respect to that work, the items are approved for return to service.

| | | | |
|---|--|---|--|
| 13b. Authorized Signature: Not Applicable | 13c. Approval/Authorization No.: Not Applicable | 14b. Authorized Signature: <i>[Signature]</i> Patricio M. Reyes | 14c. Approval/Certificate No.: DQPR312C |
| 13d. Name (Typed or Printed): Not Applicable | 13e. Date (dd/mm/yyyy): Not Applicable | 14d. Name (Typed or Printed): Patricio M. Reyes | 14e. Date (dd/mm/yyyy): 25/Nov/2019 |

User/Installer Responsibilities

When the user/installer performs work in accordance with the national regulations of an airworthiness authority different than the airworthiness authority of the country specified in Block 1, it is the user/installer's responsibility to ensure that his/her airworthiness authority accepts aircraft engine(s)/propeller(s)/article(s) from the airworthiness authority of the country specified in Block 1. Statements in Block 13a and 14a do not constitute installation certification. In all cases, aircraft maintenance records must contain an installation certification issued in accordance with the national regulations by the user/installer before the aircraft may be flown.

Tear Down/Inspection Form

Daport Corporation

7758 NW 53rd Street

Doral,
USA

Phone:

C.R.S.:

Sold To:

YAS Int

15060 SW 33rd Terrace

USA

Daport Corporation

7758 NW 53rd Street

Doral, Florida 33166

USA

Phone: (305) 889-1020

Fax: (305) 889-1020

C.R.S.: DQPR312C

Packing Slip No.: 3086

Part No

Purcha

Sold To: YAS International Dis. Inc.
15060 SW 33rd Terrace
Miami, FL 33185
USA

Ship To: YAS International Dis. Inc.
15060 SW 33rd Terrace
Miami, FL 33185
USA

Attention: Julio Quesada

1. Rem

Inst.

Purchase Order No.: 1642
Terms: Net-30

2. Initia

Appear

Loose c

Part Number: 541674-4 Serial: 5-63 Manufacture: Honeywell
Description: Linear Actuator

3. Tear

Dissass

Paintin

Packing checklist

Charges

4. Test

Operati

From: Daport Corporation
7758 NW 53rd Street
Doral, Florida 33166
USA
Phone: (305) 889-1020

| | YES | NO | N/A | |
|----------------|-------------------------------------|--------------------------|-------------------------------------|-----------------|
| Part Number: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C.O.D. _____ |
| Serial Number: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Form 350-3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Freight: _____ |
| Cert. Trace: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Foam Pack: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Total: _____ |
| Received By: | _____ | | | Assembly _____ |
| Date: | _____ | | | Performed _____ |
| Print Name: | _____ | | | |
| Ship Via: | _____ | | | |
| AWB#: | _____ | | | |

5. Final

Warran

T.S.O.:

To: YAS International Dis. Inc.
15060 SW 33rd Terrace
Miami, FL 33185
USA
Phone: 786-506-0717
Purchase Order: 1642

Return Postage Warranty

Work I

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work

Inspecte

Signati

Daport Corporation
7758 NW 53rd Street
Doral, Florida 33166
USA

Packing Slip No.: 3086

Phone: (305) 889-1020
Fax: (305) 889-1020
C.R.S.: 60 PR 12C

Sold To: YAS International Dist. Inc
15060 SW 33rd Terrace
Miami, FL 33185
USA

Ship To: YAS International Dis. Inc.
15060 SW 33rd Terrace
Miami, FL 33185
USA

Attention: Julio Quesada

Purchase Order No.: 1642
Terms: Net-30

Part Number: 541674-4

Serial: 15-6363

Manufacture: Honeywell

Description: Linear Actuator

Packing checklist

Charges

| | YES | NO | N/A | |
|----------------|-------------------------------------|--------------------------|-------------------------------------|----------------|
| Part Number: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C.O.D. _____ |
| Serial Number: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Form 8130-3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Freight: _____ |
| Cert. Trace: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Foam Pack: | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Total: _____ |
| Received by: | | | | _____ |
| Date: | | | | _____ |
| Print Name: | | | | _____ |
| Ship Via: | | | | _____ |
| AWB#: | | | | _____ |

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Phone: 786-506-0717
Purchase Order: 1642

Return Postage Warranty