



AERONUVO AIRCRAFT BLUEBOOK REPORT SPECIFICATION WORKSHEET

AIRCRAFT INFORMATION						
Year	Make	Model	Serial Number			
Registration Number	Base Airport	Aircraft Contact (Name)		Aircraft Contact (Phone Number)		
Is the aircraft flown outside of the continental United States or Canada? Yes No If yes, which countries?		Turbine Ownership Exp. # Years	Purchase Price	Purchase Date		
Is the aircraft operated, completely or partially, under a Part 135 Certificate? Yes No		Avg. (Expected) Charter Hrs./Yr.		Avg. (Expected) Total Hrs./Yr.		
Primary Maintenance Facility	Phone	Has aircraft ever operated under foreign registry (please check)? If yes, which country?		Yes	No	
AIRFRAME / ENGINE INFORMATION						
Current Airframe Total Hours	Landings		As of			
Landing Gear Overhaul:	Time When Completed	Cycles When Completed	Date of Overhaul	TBO		
Last Major Airframe Check/Inspection:	Level of check	Time when Completed	Date of check			
Engine Make	Engine Model		Engine Time Between Overhaul (TBO)			
	Engine No. 1			Engine No. 2		
Serial Numbers:						
Total Hours/Cycles:	Hours	Cycles	Hours	Cycles		
Date of Overhaul-Core/By:	Date	Service Center	Date	Service Center		
Hours/Cycles SMOH-Core:	Hours	Cycles	Hours	Cycles		
Hours/Cycles SHOT-MPI:	Hours	Cycles	Hours	Cycles		
~ For Turboprops Only ~						
Propeller Make	Propeller Model		Propeller Time Between Overhaul (TBO)			
	Propeller No. 1			Propeller No. 2		
Serial Numbers:						
Hours/Months SPOH:						
OTHER KEY INFORMATION						
	YES	NO	TYPE	CONTRACT NO.	ENGINE NO. 1	ENGINE NO. 2
Engine Maintenance Program? (MSP, JSSI, Power-by-the-Hour, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			%	%
Computer Maintenance Tracking Program? (CAMP, G-CMP, CIMMS, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Specify Program Type:			
Reduced Vertical Separation Minimum Compliant (RVSM)?	<input type="checkbox"/>	<input type="checkbox"/>				
Damage History?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please attach written explanation			
Any Missing Log Books?		<input type="checkbox"/>	Where are the Log Books kept? In English or a Foreign Language?			
Noise Compliance (please check)	Stage I	Stage II	Stage III			

EXTERIOR CONDITION						
GOOD	AVERAGE	POOR	Comments			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
When Painted?	(Year/hours)	By	Colors			
INTERIOR CONDITION						
GOOD	AVERAGE	POOR	Comments			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
When Refurbished?	(Year/hours)	Was Interior Totally Replaced or Re-ragged?	By	Passenger Seating		
FLIGHT DECK EQUIPMENT (number of units, make and model)						
Flight Director System			Electronic Flight Instrument System			
Auto Pilot			Global Positioning System			
Flight Management System			Traffic Alert & Collision Avoidance System/Device			
Communication Transceivers		8.33 Spacing? Yes No	Radar			
Navigation Receivers		FM Immunity? Yes No	High Frequency Com			
Automatic Direction Finder			Flight Phone			
Distance Measuring Equipment			Encoding Altimeter			
TAWS/EGPWS			Radio Altimeter			
Inertial Navigation System			Transponder	Mode S? Yes No	Flight ID? Yes No	
BRNAV		1 5 10	Flight Data Recorder			
HUD	EVS		Cockpit Voice Recorder			
ADDITIONAL FEATURES / MODIFICATIONS / OPTIONS						
Is aircraft equipped with any of the following?						
	YES	NO	ORIGINAL EQUIPMENT INSTALLATION	AFTERMARKET INSTALLATION	MODEL	Hours Since Overhaul
Auxiliary Power Unit (APU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Thrust Reversers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Long Range Fuel Tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Extended Baggage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
List Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
List Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
List Other:						
List Other:						
LAST THREE MAINTENANCE INSPECTIONS						
1) Type of Maintenance Inspection		Time when Completed			Date Completed	
2) Type of Maintenance Inspection		Time when Completed			Date Completed	
3) Type of Maintenance Inspection		Time when Completed			Date Completed	
MAINTENANCE DUE LIST						
Type of Maintenance Inspection:				Date Due:		
Type of Maintenance Inspection:				Date Due:		

Completed / Certified By: _____ Date: _____