VERIFICATION CERTIFICATION

1. TECH. DIR. NUMBER.	ACTION CATEGORY ☐ IMMEDIATE ☐ URGENT ☐ ROUTINE ☐ RECORD	DATE

2. TECHNICAL DIRECTIVE SUBJECT:

3. ☐ CHANGE ☐ BULLETIN ☐ RAMEC	**4.** ☐ KIT ☐ NO KIT	***5.** KIT NUMBER:
		***6.** BASIC EQUIPMENT:
		***7.** SERIAL NUMBER:

8. BASIC KITS	YES	NO	N/A
a. Proper qty. of parts provided	☐	☐	☐
b. Parts fit and perform properly	☐	☐	☐
c. Parts identified properly	☐	☐	☐
d. Parts packaged properly	☐	☐	☐
e. TD and kit contents agree	☐	☐	☐
f. Proper source of supply	☐	☐	☐

9. TOOL KITS	YES	NO	N/A
a. Proper quantity identified	☐	☐	☐
b. Tools perform IAW instr.	☐	☐	☐
c. Tools identified properly	☐	☐	☐
d. Tools packaged properly	☐	☐	☐
e. TD and kit contents agree	☐	☐	☐
f. Proper source of supply	☐	☐	☐
g. Proper disposition	☐	☐	☐

10. GOV. FURNISHED MATERIAL	YES	NO	N/A
a. Complete listing provided	☐	☐	☐
b. Proper quantities identified	☐	☐	☐
c. Meets ozone depleting substance rules	☐	☐	☐
d. Material/Tools ID'd properly	☐	☐	☐
e. Proper source of supply	☐	☐	☐
f. Proper source of supply	☐	☐	☐

11. COMPLIANCE	YES	NO	N/A
a. Proper maintenance level	☐	☐	☐
b. Proper compliance period	☐	☐	☐
c. Schedule satisfactory	☐	☐	☐

12. MAN HOURS REQUIRED	YES	NO	N/A
a. Proper number of personnel	☐	☐	☐
b. Proper skills requirements	☐	☐	☐
c. Manhour estimate satisfactory	☐	☐	☐

13. PARTS/MATERIALS REMOVAL & DISPOSITION	YES	NO	N/A
a. Complete listing	☐	☐	☐
b. Proper quantities	☐	☐	☐
c. Parts identified properly	☐	☐	☐
d. Proper disposition listed	☐	☐	☐

14. DETAILED INSTRUCTIONS	YES	NO	N/A
a. Complete instructions	☐	☐	☐
b. Proper instruction sequence	☐	☐	☐
c1. Instr. compatible with graphics	☐	☐	☐
c2. Instr. compatible with kit contents	☐	☐	☐
d. Proper references	☐	☐	☐
e. Instructions easy to understand	☐	☐	☐
f. Spares/Reidentification Inst.	☐	☐	☐

15. DRAWINGS/ILLUSTRATIONS	YES	NO	N/A
a. Complete	☐	☐	☐
b. Easy to understand	☐	☐	☐
c. Clear notes/views/sections	☐	☐	☐

16. MISCELLANEOUS	YES	NO	N/A
a. Proper/complete reidentification	☐	☐	☐
b. Mod item performs to spec	☐	☐	☐
c. Proper test/check procedures	☐	☐	☐

17. STATUS(Verifying Activity)	YES	NO
Complete	☐	☐
Complete with condition noted	☐	☐
INCOMPLETE-Reschedule required of kit(s) verification	☐	☐

18. STATUS(NAVAIR)	YES	NO
Approved	☐	☐
Approved with condition noted	☐	☐
DISAPPROVED-Reschedule required of kit(s) verification	☐	☐

ANY ITEM MARKED "NO" REQUIRES COMMENTS/ REMARKS

***19.** No. & Letter	REMARKS/PROBLEMS/CORRECTIVE ACTIONS: (Attach additional sheets if required)

20. VERIFYING ACTIVITY	LOCATION	DATE
21. MAINTENANCE SUPERVISOR		DATE
22. QUALITY ASSURANCE		DATE
23. FST SIGNATURE		DATE

* Optional fields, all other fields are required

Complete all required fields and mark unused optional fields with N/A.

FRCSE 5215/8 (Rev. 2-2012)