



Limited Rating Capability Self-Evaluation Checklist

Date: _____

Part Number(s): _____

Manufacturer: _____

PAI Internal Repair Process No. If Applicable: _____

Nomenclature: _____

Aircraft Type: _____ **Capability Classification:** _____

- The signatures below indicate the evaluation of the above part number(s) and/or PAI internal repair process has been evaluated and found to be within the parameters of the PAI evaluation process.

Quality Assurance Department: **Acceptable** **Not Acceptable**

Appropriate Limited Rating: _____

Adequate housing and facilities: _____

Sufficient Qualified Personnel: _____

Current Technical Data: _____

Data Base Update: Capability: _____ No-Capability: _____ Added: _____ Removed: _____

Notes: _____

Database Entry Date: _____ **FAA Notification Date:** _____

Quality Assurance Manager _____ **Date:** _____

President: _____ **Date:** _____