CORRECTION REQUEST (AR 750-1)	WORK REQUEST NUMBER	DATE

INSPECTION STA NO / ACTIVITY / LOCATION	INSPECTOR'S NAME	FSN AND NOUN	USA / SERIAL NUMBER

ITEM	DEFECT DESCRIPTION	CORRECTIVE ACTION TAKEN	SIGNATURE OF MECHANIC / DATE	RE-INSP STAMP / DATE
1				
2				
3				
4				
5				

FHT FORM JAN 96 750-X3 (DOL) REPLACES FH FORM 171 (NOV 79) WHICH IS OBSOLETE