## Request for Aircraft Specific 8110-3 for Thermal & Acoustic Insulation Materials





Date: Date 8110-3 Needed:					P.O.#:				
Comp	any Name:				Applicant (name on 8110-3 if different):				
Conta	act Name:				Approval Signature (required):				
Phone: Fax:					E-Mail:				
Aircraft Make: Model:					S/N:		Tail #:		
TEST DATA IS IN SUPPORT OF:  Field Approval  Major Repair					Major Alteration	Minor Repair	Minor Alteration		
	☐ Supplemental Type Certificate (STC) ☐ Type Certificate (TC) ☐ Technical Standard Order (TSO)								
WE MUST HAVE THE FOLLOWING INFORMATION FOR EACH AND LABORATION TO BE INCLUDED ON THE REQUESTED 8110-3 FORM.									
	Test ID #:	Part #:	Lo	t # Location of w	where material is being used	How is materia (tape, clips, etc.	al being installed: c.)		
1.		SK-7000-3X12		Fuselage		Friction fit			
2.		ADC-124		Fuselage skin		Self-adhesive			
3.		SK-8240PSA		Outboard side of	shell panels	Self-adhesive (this test)	will require a separate composite panel		
4.	SK-8013			Fuselage, between	Fuselage, between shell panel and skin		Mechanical fasteners		
5.	SK-7348			On cabin floor	On cabin floor		Placed under carpeting		
6.	SK-8240FPSA		On cabin side of	On cabin side of cabin floor panels		Self-adhesive			
7.									
8.									
9.				THIS IS PRO	VIDED AS AN EXAMPLE ON	ILY			
10.									

Attach additional pages if necessary.

FL 110-11 Rev. C Page of Release Date: 08/08/22 Skandia, Inc. • 5000 N. Highway 251 • Davis Junction, IL 61020 • 815/393-4600 • 815/393-6878 fax • Info@SkandiaInc.com

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Date:			Date 8110-3 Needed:			P.O.	#:		
Company Name:						Applicant (name on 8110-3 if different):			
Conta	act Name:					Approval Signature (required):			
Phone: Fax:					E-Mail:				
Aircraft Make: Model:						S/N:		Tail #:	
TEST	TEST DATA IS IN SUPPORT OF: Field Approval Major Repair				r Repair	☐ Major A	Iteration	Minor Repair	Minor Alteration
	☐ Supplemental Type Certificate (STC) ☐ Type Certificate (TC)				Certificate (TC)	☐ Technical Standard Order (TSO)			
	WE MUST HAVE THE FOLLOWING INFORMATION FOR EACH MATERIAL THAT IS TO BE INCLUDED ON THE REQUESTED 8110-3 FORM.								
	Test ID #:	Part #:		Lot #	Location of wh	nere material i	s being used:	How is materia (tape, clips, etc	al being installed: c.)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Attach additional pages if necessary.

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	Test ID #:	Part #:	Lot #	Location of where material is being used:	How is material being installed: (tape, clips, etc.)
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					