

Used Equipment Questionnaire

Applicant: _____
Buyer: _____
Policy number (for insurance program): _____

Complete a separate questionnaire for each item of used equipment.

1. Product information

Name and description of used equipment: _____

Equipment History: _____

a) year manufactured: _____ b) hour meter reading: _____

c) mileage: _____ d) where is equipment located: _____

e) how long has the equipment been there?: _____

Is the product under warranty? Yes No

Term: _____ Description: _____

Has the equipment been rebuilt/reconditioned? Yes No

By whom? _____ Location: _____ Date: _____

Does this equipment have an independent mechanical certification, evaluation, or assessment? Yes No

2. Export/Import History

Was the equipment previously exported? Yes No

Did Ex-Im Bank provide support? Yes No *If yes, details:* _____

Was the equipment imported to the U.S.? Yes No

3. Prices and Costs

Contract price: \$ _____ Foreign content included in the contract price: \$ _____

U.S. supplier's purchase price: \$ _____ Purchase Date: _____

Cost of rebuilding/reconditioning: \$ _____ Cost of spare parts included: \$ _____

Description of rebuilding and/or spare parts: _____

4. Used Aircraft Only. Have all airworthiness directives been completed? Yes No

If no, describe the regulation or directive permits required for continued operation of the aircraft: _____

Number of cycle hours remaining on the airframe and engines: _____

Months remaining before next maintenance "C" and "D" checks: _____

Names of each previous owner and lessee with the corresponding acquisition dates: _____

Signature: _____ Date: _____

Name: _____ Title: _____

(For insurance program):

Broker: _____ Administrator (if applicable): _____

If you have questions about this questionnaire, please contact the Business Development Division (Telephone: 202-565-3946 or Fax: 202-565-3931). For questions concerning large aircraft, please contact the Transportation Division (Telephone: 202-565-3550 or Fax: 202-565-3558).