Paperwork Reduction Act Statement: The information collected on this form is necessary to obtain aircraft re-registration. We estimate that it will take approximately 30 minutes to complete the form. Please note that any agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. Form Approved, OMB No. 2120-0729

a valid OMB control number. Form Approved, OMB No. 2120-0729

"Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Avenue SW, Washington, DC 20591. ATTN: Information Collection Clearance Officer, AES-200"

DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION AIRCRAFT RE-REGISTRATION APPLICATION

FAILURE TO RE-REGISTER WILL RESULT IN CANCELLATION OF REGISTRATION AND REGISTRATION NUMBER ASSIGNMENT (See 14 C.F.R. §§ 47.15(i), 47.40 and 47.41)

AIRCRAFT REGISTRATION NUMBER N		SERIAL NUME	SERIAL NUMBER				
MANUFACTURER		MODEL					
DATE OF ISSUANCE	DATE OF EXPIRATION			TYPE OF REGISTRATION			
NAME AND MAILING ADDRESS OF REGISTERED OWNER (If individual, give last name, first name and middle initial)			INFORMATION FOR COMPLETION				
(Owner 1)			Additional information may be obtained at our web page http://registry.faa.gov/renewregistration or by phone at 866-762-9434.				
(Owner 2)			Aircraft Registration Information may be reviewed at :				
Note: Enter any additional owner names on page two of this document.			http://registry.faa.gov/aircraftinquiry				
(Address)			se pay fe	es with a check or money o	order payable t	o the	
(Address)			deral Avi	ation Administration.			
City Sta		0.9	ature R	equirements for Listed	Registration	Types:	
Country			ndividual artnersh				
PHYSICAL ADDRESS (REQUIRED WHEN MAILING ADDRESS IS A P.O. BOX OR MAIL DROP)			 Corporation a corporate officer or managing official must sign. Limited Liability Co. a member, manager, or officer who is authorized to 				
(Address)			o-owner	manage the LL		ntinuing as necessary,	
(Address) Sta	4a 7:n			on page numbe	er two.		
Country			overnme	ent any authorized natures must be in ink.	person may si	ign.	
Country			. / o.g	matar so mast so m min			
Aircraft Registration Branch, PO Box 25504, I (WE) CERTIFY THE: NAME(S) AND MAI FOR THE OWNER(S) OF THIS AIRCRAF MEETS CITIZENSHIP REQUIREMENTS O NOT REGISTERED UNDER THE LAWS O UPDATE THE MAILING / PHYSICAL ADD (WE) CERTIFY THE: NAME(S) SHOWN A THIS AIRCRAFT IS CORRECT, OWNERS	DATE, & MAIL WITH THE \$5 FEE, To: The FAA ch, PO Box 25504, Oklahoma City, OK, 73125-0504. ENAME(S) AND MAILING ADDRESS SHOWN ABOVE OF REQUIREMENTS OF 14 CFR §47.3, AIRCRAFT IS UNDER THE LAWS OF ANY FOREIGN COUNTRY. MG / PHYSICAL ADDRESS AS SHOWN BELOW. I NAME(S) SHOWN ABOVE FOR THE OWNER(S) OF CORRECT, OWNERSHIP MEETS THE CITIZENSHIP FOR ANY FOREIGN COUNTRY. BLOCK(S), COMPLETE, SIGN, DATE & Mail with any fees to: The FAA Aircraft Registration Branch, PO Box 25504, Oklahoma City, OK, 73125-0504. CANCELLATION OF REGISTRATION IS REQUESTED FOR THE REASON MARKED BELOW, 1. THE AIRCRAFT WAS SOLD TO: (Show purchaser's name and address) Chancella Tion of Registration Branch, PO Box 25504, Oklahoma City, OK, 73125-0504.						
<u></u>							
			2. THE	E AIRCRAFT IS DESTRO	OYED OR SC	RAPPED.	
PHYSICAL ADDRESS: COMPLETE IF PHYSICAL ADDRESS HAS CHANGED, OR NEW MAILING ADDRESS IS A PO BOX OR MAIL DROP.			☐ 3. THE AIRCRAFT WAS EXPORTED TO:				
			4. OTHER, Specify				
			IN OW	CANCELLATION, PLEA INERS' NAME. The \$10 or reservation fee is enclosed.	check or mon		
G; B5HI F9'C: 'CKB9F'%	DF-BH98 B5 A9 C: G= B	39 F ·		<u>.</u> нн@		8 5 H9	
G≒ B5HI F9°C: 'CK B9F'&'	DF-BH98 B5 A9 C: G= B	39 F	1	HH@		8 5 H9	

Bchy. Twelve (12) owner names may be entered on this page. If you require more, enter the first 12 names and then print this page by pressing the 'Print Page 2' button below. Next click the 'Reset' button to clear the data fields (from page 2 only) to add more names. Repeat action as needed.

NAME OF OWNER		DATE
NAME OF OWNER		DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
NAME OF OWNER	-	DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
NAME OF OWNER		DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
NAME OF OWNER	1	DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
NAME OF OWNER		DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
NAME OF OWNER		DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
NAME OF OWNER		DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
NAME OF OWNER	1	DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
NAME OF OWNER		DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
NAME OF OWNER		DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
NAME OF OWNER	1	DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
NAME OF OWNER	1	DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE: