

**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.** 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)**

<b>AIRCRAFT REGISTRATION NUMBER</b> <b>N</b>		<b>SERIAL NUMBER</b>	
<b>MANUFACTURER</b>		<b>MODEL</b>	
<b>DATE OF ISSUANCE</b>	<b>DATE OF EXPIRATION</b>	<b>TYPE OF REGISTRATION</b>	

**NAME AND MAILING ADDRESS OF REGISTERED OWNER**  
(If individual, give last name, first name and middle initial)

**(Owner 1)** \_\_\_\_\_  
**(Owner 2)** \_\_\_\_\_

**Note:** Enter any additional owner names on page two of this document.

(Address) \_\_\_\_\_  
(Address) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_

**PHYSICAL ADDRESS (REQUIRED WHEN MAILING ADDRESS IS A P.O. BOX OR MAIL DROP)**

(Address) \_\_\_\_\_  
(Address) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_

**INFORMATION FOR COMPLETION**

Additional information may be obtained at our web page <http://registry.faa.gov/renewregistration> or by phone at 866-762-9434.

Aircraft Registration Information may be reviewed at : <http://registry.faa.gov/aircraftinquiry>

Please pay fees with a check or money order payable to the Federal Aviation Administration.

**Signature Requirements for Listed Registration Types:**

- Individual owner must sign.
- Partnership a general partner must sign.
- Corporation a corporate officer or managing official must sign.
- Limited Liability Co. a member, manager, or officer who is authorized to manage the LLC must sign.
- Co-owner each co-owner must sign, continuing as necessary, on page number two.
- Government any authorized person may sign.

**TO RE-REGISTER AIRCRAFT: REVIEW REGISTRATION INFORMATION, ENTER CORRECTIONS IN BLANKS PROVIDED, CHECK APPLICABLE BLOCK BELOW, SIGN, DATE, & MAIL WITH THE \$5 FEE, To: The FAA Aircraft Registration Branch, PO Box 25504, Oklahoma City, OK, 73125-0504.**

I (WE) CERTIFY THE: NAME(S) AND MAILING ADDRESS SHOWN ABOVE FOR THE OWNER(S) OF THIS AIRCRAFT ARE CORRECT, OWNERSHIP MEETS CITIZENSHIP REQUIREMENTS OF 14 CFR §47.3, AIRCRAFT IS NOT REGISTERED UNDER THE LAWS OF ANY FOREIGN COUNTRY.

UPDATE THE MAILING / PHYSICAL ADDRESS AS SHOWN BELOW. I (WE) CERTIFY THE: NAME(S) SHOWN ABOVE FOR THE OWNER(S) OF THIS AIRCRAFT IS CORRECT, OWNERSHIP MEETS THE CITIZENSHIP REQUIREMENTS OF 14 CFR §47.3, AIRCRAFT IS NOT REGISTERED UNDER THE LAWS OF ANY FOREIGN COUNTRY.

**MAILING ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL ADDRESS: COMPLETE IF PHYSICAL ADDRESS HAS CHANGED, OR NEW MAILING ADDRESS IS A PO BOX OR MAIL DROP.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO CANCEL THE REGISTRATION FOR THIS AIRCRAFT: THE LAST REGISTERED OWNER MUST: MARK THE APPLICABLE 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. THE AIRCRAFT IS DESTROYED OR SCRAPPED.**

**3. THE AIRCRAFT WAS EXPORTED TO:**

\_\_\_\_\_

**4. OTHER, Specify** \_\_\_\_\_

**UPON CANCELLATION, PLEASE RESERVE THE N-NUMBER IN OWNERS' NAME. The \$10 check or money order for the N-number reservation fee is enclosed.**

<b>SIGNATURE OF OWNER 1</b>	<b>PRINTED NAME OF SIGNER</b>	<b>TITLE</b>	<b>DATE</b>
<b>SIGNATURE OF OWNER 2</b>	<b>PRINTED NAME OF SIGNER</b>	<b>TITLE</b>	<b>DATE</b>

**Note:** 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.

<b>NAME OF OWNER</b>	SIGNATURE	TITLE:
	PRINTED NAME OF SIGNER	DATE:
<b>NAME OF OWNER</b>	SIGNATURE	TITLE:
	PRINTED NAME OF SIGNER	DATE:
<b>NAME OF OWNER</b>	SIGNATURE	TITLE:
	PRINTED NAME OF SIGNER	DATE:
NAME OF OWNER	SIGNATURE	TITLE:
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