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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**

AIRCRAFT REGISTRATION NUMBER N _____		SERIAL NUMBER _____	
MANUFACTURER _____		MODEL _____	
DATE OF ISSUANCE _____	DATE OF EXPIRATION _____	TYPE OF REGISTRATION _____	
NAME AND MAILING ADDRESS OF CERTIFICATE HOLDER (if individual, give last name, first name and middle initial) (Name 1) _____ (Name 2) _____ Note: Enter any additional owner names on page two of this document. (Address1) _____ (Address2) _____ City _____ State _____ Zip _____ Country _____ PHYSICAL ADDRESS (REQUIRED WHEN MAILING ADDRESS IS A P.O. BOX OR MAIL DROP) (Address1) _____ (Address2) _____ City _____ State _____ Zip _____ Country _____		GUIDELINES FOR COMPLETION Additional information may be obtained at our web page http://registry.faa.gov/renewregistration or by phone at 866-762-9434. Please pay fees with a check or money order payable to the Federal Aviation Administration. Send form, with fee if applicable, to the Aircraft Registration Branch, P.O. Box 25504, Oklahoma City, OK 73125-0504. Signature requirements: - 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 attached page. - Government, any authorized person may sign.	
TO RE-REGISTER AIRCRAFT; CHECK APPLICABLE BLOCK, COMPLETE, SIGN, AND DATE. <input type="checkbox"/> 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. THE \$5 RE-REGISTRATION FEE IS ENCLOSED. <input type="checkbox"/> 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. THE \$5 REGISTRATION FEE IS ENCLOSED. 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 OWNER SHOWN ABOVE SHOULD: MARK THE APPLICABLE BLOCK(S), COMPLETE, SIGN, AND DATE. CANCELLATION OF REGISTRATION IS REQUESTED FOR THE REASON MARKED BELOW, <input type="checkbox"/> 1. THE AIRCRAFT WAS SOLD TO: (Show purchaser's name and address) _____ _____ _____ <input type="checkbox"/> 2. THE AIRCRAFT IS DESTROYED OR SCRAPPED. <input type="checkbox"/> 3. THE AIRCRAFT WAS EXPORTED TO: _____ _____ <input type="checkbox"/> 4. OTHER, Specify _____ <input type="checkbox"/> UPON CANCELLATION, PLEASE RESERVE THE N-NUMBER IN OWNERS' NAME. The \$10 reservation is enclosed.	
SIGNATURE _____	TYPED OR PRINTED NAME OF SIGNER _____	TITLE _____	DATE _____
SIGNATURE _____	TYPED OR PRINTED NAME OF SIGNER _____	TITLE _____	DATE _____

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.

PRINT PAGE 2

RESET

NAME	SIGNATURE	TITLE:
	TYPED OR PRINTED NAME OF SIGNER	DATE:
NAME	SIGNATURE	TITLE:
	TYPED OR PRINTED NAME OF SIGNER	DATE:
NAME	SIGNATURE	TITLE:
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