

Mail Drop 542M Aircraft Registration Unit acreg@azdot.gov

APPLICATION FOR AIRCRAFT REGISTRATION

05-0501 R06/25 azdot.gov

| Application Type: | ☐ New to A | rizona | ☐ Ne | ew Owner | dates | | Close Account/C | Cancel Regis | tration (See section below) | |
|---|--|--|--|--|--|--|---|--|--|--|
| FAA Aircraft No. Se | Serial Number | | | lanufacture Year | Manufacturer | | | Model | | |
| Aircraft Type (check only or | | _ | | | | | _ | _ | _ | |
| Antique Agricult | ural D Clas | ssic DE | xperim | ental 🛛 Glider 🔲 | Homel | ouilt | ☐ Rotorcraft ☐ | J Warbird [| J Landplane | |
| Company Name/Owner | | | | | | | | | | |
| Owner Type (check only or | ne) 🗖 Individ | ual 🗖 C | orporat | ion Dealership | ☐ Pa | | • | • | Lessee (Provide Lessors Name | |
| Residential Address | | (Provide City | list of a | III Partners and/or all C | State | Zip Code | | | | |
| Primary Email | | Primary Phone Number | | | | | | | | |
| Mailing Address | | | | | City | | | State | Zip Code | |
| | | | | craft Based at: e Arizona airport codes) | | | | | | |
| , | | | | ircraft Based out of sta | craft Based out of state at: e airport codes) | | | | | |
| Claiming registration exemption? | | | | | | | | | | |
| Claiming any of the following status for the aircraft? (maintenance, Yes Nomanufacture, salvage, storage) | | | | If yes, please complete Aircraft Annual Status Form | | | | | | |
| s this a recent purchase? | this a recent purchase? | | | Private Purcha | ase Dealer Purchase | | ler Purchase | Date of Purchase: | | |
| Were Sales Tax Paid? | | Yes | ☐ No | If yes, proof of sal | es tax p | aid is | required | | | |
| Did you sell or trade an aircraft for the purchase of this aircraft? (If yes, please provide the following) | | | | FAA Aircraft No. | Purchaser Name | | ser Name | | | |
| Date of Sale or Trade | | Address | | | | | | | | |
| resetting passwords for monetary transactions | or Represent placed on th | tatives in e accoun | your a t, inclu | account. All compa ding disbursement r | any Re | eprese | | | n Representatives and f | |
| Organization Administrator Name (Printed First and Last Name) | | | | | | | Driver License N | lumber | State | |
| Primary Phone Number | | | | Email Address | | | | | | |
| and the information co Organization Administr Arizona Department of release of the organizauthorization does not password, account, and (If partnership; must be | ntained on the ator designated Transportated | his applicated hereintion, their remation of the response occurring the management of t | ation is au emplo to the espons ig there | s true, accurate, an thorized to perform yees, agents, and above-named and ibility to ensure tha ein. | d comp the fur represe author t each | plete to netions entative prized emple | to the best of mest mentioned aboves of any liabile Organization object maintain to | ny knowledgove. I relievity related, Administrate the security | thorized to act on its behave. I further certify that the re the State of Arizona, the directly or indirectly, to the real of the and confidentiality of the | |
| Owner Signature | | | | | | | | | | |