



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION

2011 - 2012

AIRCRAFT REGISTRATION APPLICATION

In accordance with Public Act No. 433, the owner of any aircraft which is based or primarily used within the State of Connecticut shall register his aircraft with the Municipality in which such aircraft is based or primarily used.



INSTRUCTIONS

1. PRINT OR TYPE ALL ITEMS, EXCEPT YOUR SIGNATURE
2. FILL OUT ALL APPLICABLE ITEMS
3. SEND ENTIRE FORM TO ADDRESS AT RIGHT



Danbury Municipal
Airport
City of Danbury
P. O. Box 2299
Danbury, CT 06813

AIRCRAFT INFORMATION

FEDERAL REGISTRATION NUMBER		MANUFACTURER
MODEL	YEAR MANUFACTURED	COLOR
GROSS WEIGHT	DATE ACQUIRED, (Month, Year)	
WHERE AIRCRAFT IS BASED OR PRIMARILY USED		

CHECK APPLICABLE FORM OF OWNERSHIP:

- ☐ Individual ☐ Partnership
☐ Corporation ☐ Other Entity - Identify Below

OWNER INFORMATION

DATE OF APPLICATION	PHONE NUMBER		
OWNERS'S NAME (Last)		(First)	(M.I.)
ADDRESS (No. & Street)	City/Town	State	Zip Code

Is this an initial application? ☐ Yes ☐ No

If No, enter previous decal number _____

Is aircraft new or recently transferred to Connecticut? ☐ Yes ☐ No

If Yes, please submit proof of payment of sales tax.

Signature(s) of Owner(s) X _____

TO BE COMPLETED BY AIRCRAFT REGISTRATION OFFICIAL

Fee Paid \$ _____ Form of Payment: ☐ Cash ☐ Check No. _____ 2012 Decal Number Issued _____

STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
AIRCRAFT CERTIFICATE OF REGISTRATON

Expires September 30, 2012

CONNECTICUT REGISTRATION NUMBER
is hereby issued in accordance with the laws of Connecticut

FEDERAL REGISTRATION NUMBER N _____

Name _____

Address (No. & Street) _____ City/Town _____ State _____ Zip Code _____

Municipal Registration Official

IF YOU SELL YOUR AIRCRAFT

Fill out the information below and send to the Municipal Registration Official of the municipality in which the aircraft is registered.

On _____, 20____
this aircraf was sold to:

Name _____

Address (No. & Street) _____ City/Town _____ State _____ Zip _____

REGISTRATION NOT TRANSFERRABLE TO NEW OWNER

Signed _____

Date _____

IF YOUR AIRCRAFT IS DEMOLISHED

Fill out the information below and send to the Municipal Registration Official of the municipality in which the aircraft is registered.

On _____, 20____
this aircraft demolished or taken apart at

City or Town

State

and is incapable of being flown again.

Signed

Date

IF YOU CHANGE YOUR ADDRESS

Fill out the information below and send to the Municipal Registration Official of the municipality in which the aircraft is registered.

Name

Address (No. & Street)

City/Town

State

Zip Code

Signed

Date