



Commonwealth of Virginia
DEPARTMENT OF AVIATION
 5702 Gulfstream Road
 Richmond, Virginia 23250-2422
 Tel 804-236-3637 Extension 102 Fax 804-
 236-3635
 1-800-292-1034
 www.doav.virginia.gov

DEPARTMENT OF AVIATION USE ONLY:	
VA License #	_____
Expiration Date	_____
Check Number	_____
Fee Amount	_____
Transmittal Date	_____
Sales Tax Rcvd	_____

Aircraft License Application Commercial Fleet/Noncommercial Dealer Fleet Part 1 – Owner Information

<u>INSTRUCTIONS:</u>	Type or print providing complete information. Return with check payable to "Treasurer of Virginia".
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Check One: (Fee \$75.00)	<input type="checkbox"/> Commercial Fleet License <input type="checkbox"/> Commercial Fleet License RENEWAL
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Check One: (Fee \$50.00)	<input type="checkbox"/> Noncommercial Dealer Fleet License <input type="checkbox"/> Noncommercial Dealer Fleet License RENEWAL
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Section 1 – Owner Information	
Name of Primary Owner	
Address	Home Phone (Area code & number)
City, State, ZIP Code	Business Phone (Area code & number)
E-Mail Address	Cell Phone (Area code & number)
Ownership Type	<input type="checkbox"/> Individual Ownership <input type="checkbox"/> Joint Ownership <input type="checkbox"/> Fractional Ownership
<input type="checkbox"/> Check if more than one owner. (List names of owners of page 3.)	

Section 2 – Additional Information for Businesses			
Incorporation Date		State of Incorporation	
Contact Person		Title	
Contact's Phone			

Section 3 – Aircraft Registration Information	
Virginia Contract Carrier Permit Number (if applicable)	

Section 4 – Insurance Information

Insurance Policy Number			
Insurance Company			
Issuing Agency			
Insurance Effective Date		Insurance Expiration Date	

Section 5 – Aircraft Information

Number of aircraft to be covered by this license	
Please list each aircraft on the form titled “Part 2 – Aircraft Information” included in this package.	

Section 6 – Financial Responsibility

Minimum financial responsibility required for each aircraft by the *Code of Virginia, §5.1 - 88.2*:

OPTION 1

Bodily Injury to or Death of One Person in Any One Accident	\$50,000
AND Bodily Injury to or Death of Two or More Persons in Any One Accident	\$100,000
AND Injury to or Destruction of Property of Others in Any One Accident	<u>\$25,000</u>
	\$175,000

Or, a Single Limit Policy Covering Bodily Injury and Property Damage \$250,000

OPTION 2

Execution of a bond by a licensee and by a surety company authorized to transact business in this Commonwealth conditioned for payment in amounts and under the same circumstances as would be required in a policy of bodily injury liability and property damage liability insurance, as required by the provisions set forth above.

OPTION 3

\$250,000 in cash delivered to the Virginia Department of Aviation or an irrevocable letter of credit in the amount of \$250,000 from a depository institution as defined in §2.2-4701. Such money or securities so delivered to the Virginia Department of Aviation shall be placed by it in the custody of the State Treasurer and shall be subject to execution to satisfy any judgment within the limits on amounts required for personal injury and property damage liability insurance.

Section 7 – Certification by Owner

The undersigned certifies that all decals received will be used only on those aircraft owned by the name listed on this application.

The undersigned will submit a *Commercial Fleet and Noncommercial Dealer Fleet Quarterly Report* listing all aircraft covered under this fleet license from the preceding 3 months. The undersigned will immediately notify the Virginia Department of Aviation upon the sale of any aircraft covered by this fleet license.

If the undersigned is a noncommercial dealer, the undersigned certifies that no aircraft covered by this fleet license will be used for any purpose other than for flight demonstration in anticipation of pending sale, and further certifies that no aircraft covered by this fleet license will be used for personal use, rental, charter or for any purpose from which revenue is derived.

The undersigned agrees to maintain insurance coverage or other means of financial responsibility at least to the amounts required by the *Code of Virginia, §5.1 – 88.2*.

I declare that this application has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Primary Owner Name (Please Print)	Signature	Date

Multiple Owners

Name	
Address	
City, State ZIP	
Phone Number	
Email Address	

Name	
Address	
City, State ZIP	
Phone Number	
Email Address	

Name	
Address	
City, State ZIP	
Phone Number	
Email Address	

Name	
Address	
City, State ZIP	
Phone Number	
Email Address	

Name	
Address	
City, State ZIP	
Phone Number	
Email Address	