

Commonwealth of Virginia DEPARTMENT OF AVIATION

5702 Gulfstream Road Richmond, Virginia 23250-2422 Tel 804-236-3637 Fax 804-236-3635 1-800-292-1034 www.doav.virginia.gov

USE ONLY:	
VA Registration # Expiration Date Check Number Sales Tax	

Aircraft Registration Application Commercial Fleet/Noncommercial Dealer Fleet Part 2 – Aircraft Information

 Type or print all information Return completed application with the following: Copy of Bill of Sale that shows purchase price paid Completed Aircraft Sales and Use Tax Return (AST-3) along with tax payment or a copy of the Certificate of Payment of Tax from the Virginia Department of Taxation Current copy of Insurance Binder or Insurance Declaration Page for aircraft Registration fee payment (Check or money order payable to the Treasurer of Virginia) Complete a separate "Part 2 – Aircraft Information" form for each new aircraft entered into the fleet 						
Check O	ne:	Noncommercial I	t Registration Dealer Fleet Regis	tration		
		Section 1 – I	Primary Owner	nformation		
Section 1 – Primary Owner Info			FEIN/SSN			
Address			Home Phone (Area	Home Phone (Area code & number)		
City, State, ZIP Code			Business Phone (A	Business Phone (Area code & number)		
E-Mail Address			Cell Phone (Area co	Cell Phone (Area code & number)		
		Section 2 Air	craft Registratio	un Information		
FAA Registration	n Number	N N	Serial Number	n-information	Model Year	
Aircraft Type	☐ Fixed Wing Single-engine ☐ Rotorcraft ☐ Homebuilt/Other ☐ Glider					
	☐ Fixed Wing Multi-engine ☐ Ultralight ☐ Blimp/Dirigible ☐ Balloon					
Aircraft Category	Land []Sea	ıan			

Model

Engine Make

Make/Manufacturer

Engine Type	□ Turbo Jet □ Turbopropeller □ Turboshaft □ Turbo Air Generating □ Ram Jet □ Reciprocating □ No Engine □ Other						
		Section 3 – Aircraft Information					
Based Airport/Facility							
Aircraft Use Personal B		☐ Personal ☐ Business ☐ Rental ☐ Instruction ☐ SARDA					
		☐ Flying Club ☐ Agriculture ☐ Air Taxi ☐ Air Ambulance ☐ Other					
		Section 4 – Purchase Information					
Date of Purch	Date of Purchase or Entry Into Virginia						
Total Purchas	e Price						
Seller's Name)						
Seller's Addre	ess						
Seller's Phone	e Number						
S	ection 5	- Aircraft Sales & Use Tax and Personal Property Tax Information					
Date Sales Tax Paid		Amount of Sales Tax Paid \$					
If sales tax no	If sales tax not paid, state reason						
		Section 6 – Lease Information					
If the aircraft	is "Lease	ed" or is available "For Lease", please provide the following information:					
Lessee Name		Fleet/Permit Number (if applicable)					
Lessee Addre	ess	Lessee Phone					
Section 7 – Insurance Information							
Insurance Policy Number							
Insurance Company							
Issuing Agency							
Insurance Effective Date		e Insurance Expiration Date					

Section 8 - 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	\$25,000
	\$175,000

<u>Or</u>, 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 9 – Certification by Owner(s)					
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			