



APPLICATION FOR AIRCRAFT DE-REGISTRATION

(Complete in block capitals, using black or dark blue indelible ink)

1. APPLICANT

(a) Name:

(b) Address:

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.....

.....

2 AIRCRAFT

(a) Registration Marks & Serial Number:

(b) Aircraft Type & Model:

(c) Year of Manufacture:

3. REGISTERED OWNER

(a) Name:

(b) Address:

(c) Telephone/Fax:

(d) Are there liens on the aircraft?

(e) Are the liens on the aircraft discharged? (Attach evidence or consent of lien holder(s) to de-register.)

4. REGISTERED OPERATOR:

Name:

Address:.....

Telephone/Fax:

OTHER HOLDERS OF LIEN ON AIRCRAFT

(i) Name:

Address:

(ii) Name:

Address:

5. NAME & ADDRESS OF THE STATE/CAA WHERE THE AIRCRAFT IS TO BE REGISTERED (IF APPLICABLE)

Name:

Address:

Telephone/Fax:

6. SPECIFY PURPOSE OF DE-REGISTRATION:

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7. I hereby declare that, to the best of my knowledge, the particulars entered herein in this application form are the truth and nothing but the truth.

SIGNATURE:

FULL NAME:
(IN CAPITAL LETTERS)

DESIGNATION:

DATE:

NOTE: REQUIREMENTS FOR DE-REGISTRATION OF AIRCRAFT IS AS PER FSS-AIR-FORM004C

FOR OFFICIAL USE ONLY

DOCUMENT REVIEW

Satisfactory

Not Satisfactory

Follow-up required

Name of Reviewing Officer:

Designation: Sign & Date:

RECOMMENDATION

Recommended

Not Recommended

Name: Designation: Sign & Date:

APPROVAL

Approved

Not Approved

ASI Name/ Stamp No. Sign: Date: