

**NEW MEXICO DEPARTMENT OF TRANSPORTATION
AVIATION DIVISION
P.O. BOX 1149
SANTA FE, NM 87504-1149
PHONE: 505-244-1788
FAX: 505-244-1790**

FAA 'N' NUMBER: _____

DATE OF LETTER _____

NAME: _____

ADDRESS: _____

BUSINESS PHONE: _____

HOME PHONE: _____

INSTRUCTIONS TO APPLICANT: REGISTRATION MUST BE SIGNED, COMPLETED AND RETURNED. ANY PERSON WHO PURCHASES, LEASES, OR OTHERWISE ACQUIRES AN AIRCRAFT OR BRINGS ONE INTO THE STATE SHALL REGISTER SAID AIRCRAFT WITHIN FIFTEEN DAYS OF THE PURCHASE, LEASE, ACQUISITION, OR ENTERING OF THE STATE.

IF LESSEE, GIVE NAME OF OWNER: _____

MANUFACTURER SERIAL NUMBER: _____ MODEL YEAR: _____

MAKE/MODEL DESCRIPTION: _____ MAX GROSS TAKEOFF WT: _____

(The maximum gross takeoff weight for your aircraft is shown on the weight and balance sheet that is part of your aircraft's required documentation)

TYPE OF AIRCRAFT (SINGLE OR TWIN ENGINE): _____

AIRCRAFT BASE LOCATION:

AIRPORT: _____ NEAREST CITY: _____

PLEASE NOTE: UNLESS YOU ARE REGISTERING A BALLOON (\$10.00 FLAT FEE), WE WILL COMPUTE YOUR REGISTRATION FEES ON THE BASIS OF THE AGE AND MAXIMUM GROSS WEIGHT OF THE AIRCRAFT AND MAIL A REGISTRATION APPLICATION INCLUDING ALL FEES.

IT IS YOUR RESPONSIBILITY TO VERIFY THE CORRECT MAXIMUM GROSS TAKEOFF WEIGHT OF YOUR AIRCRAFT.

I HEREBY CERTIFY, THAT THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEFS.

SIGNATURE OF APPLICANT

DATE