



1. Owner: _____
(Name)

2. Applicant: _____
(Name)

3. Address: _____
(Street)

(City) (State) (Zip)

County: _____

Phone: _____

4. Description of Aircraft:

Make: _____

Model: _____

Seats: _____

Serial No.: _____

Year Made: _____

Aircraft Type: _____

5. FAA Registration No.: _____

6. Proposed Use: _____

7. Principal Base of Operation: _____

Signature of Applicant

Date

Note: A copy of the certificate shall be carried in the aircraft at all times it is being used as a "Special Purpose Aircraft".

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Paragraph 42 of the Illinois Aeronautics Act. Disclosure of this information is VOLUNTARY; however, failure to comply may result in this form not being processed.

The original signed copy of this form must be submitted to the Illinois Department of Transportation, Division of Aeronautics, 1 Langhorne Bond Drive, Springfield, IL 62707-8415, Attn: Bureau of Aviation Education and Safety. To expedite processing, this completed signed form may be scanned and emailed to dot.aero@illinois.gov or faxed to 217/785-4533.