

**AIRCRAFT PROPERTY STATEMENT**

Declaration of costs and other related property information as of 12:01 a.m., January 1, 20\_\_

FILE RETURN BY: \_\_\_\_\_

**PLEASE NOTE: This form must be filed timely with the Assessor's office, regardless of the status of any Historical Aircraft Exemption Claim. Penalties will apply if not filed.**

NAME AND MAILING ADDRESS  
 (Make necessary corrections to the printed name and mailing address)

FOR ASSESSOR'S USE ONLY
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**SECTION I: MUST BE COMPLETED ANNUALLY**

FAA REGISTRATION NUMBER <b>N</b>	DAYTIME PHONE NUMBER ( )	AIRCRAFT LOCATION (AIRPORT, HANGAR OR TIE-DOWN NUMBER)		
MANUFACTURER	MODEL	YEAR BUILT		
SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE \$	DATE MOVED TO THIS COUNTY	

FOR AIRCRAFT PREVIOUSLY REGISTERED OR ASSESSED IN ANOTHER CALIFORNIA COUNTY, INDICATE COUNTY NAME AND ASSESSMENT YEARS

FIXED BASE OPERATOR NAME	LAST MAJOR AIRFRAME OVERHAUL DATE:	COST: \$
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**AIRCRAFT CONDITION:**

WHEN PURCHASED	<input type="checkbox"/> NEW	<input type="checkbox"/> GOOD	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> POOR
CURRENT	<input type="checkbox"/> NEW	<input type="checkbox"/> GOOD	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> POOR
INTERIOR	<input type="checkbox"/> NEW	<input type="checkbox"/> GOOD	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> POOR
EXTERIOR	<input type="checkbox"/> NEW	<input type="checkbox"/> GOOD	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> POOR

**DAMAGE HISTORY**

YES  NO IF YES, SEE INSTRUCTIONS AND ATTACH STATEMENT.  
 EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED  
 YES  NO IF YES, SEE INSTRUCTIONS AND ATTACH SCHEDULE.

**TYPE OF USAGE:**

PERSONAL/PLEASURE  FLIGHT TRAINING  RENTAL  CHARTER/TAXI  BUSINESS  FRACTIONAL OWNERSHIP PROGRAM  SHOW/MUSEUM

IF YOU CHECKED CHARTER/TAXI, DO YOU USE THE AIRCRAFT IN COMMON CARRIAGE MORE THAN 50% OF THE TIME?  YES  NO

NOTE: COMMON CARRIAGE DOES NOT INCLUDE FERRY FLIGHTS OR PART 91 OWNER FLIGHTS.

AVIONICS SUMMARY: REPORT ONLY ADDED OR REPLACED AVIONICS. DO NOT REPORT ORIGINAL STANDARD FACTORY AVIONICS. FOR CONDITION, PLEASE ENTER (N) NEW, (A) AVERAGE, (P) POOR.

UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY	UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY
RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR					RADAR ALTIMETER				
TAWS TERRAIN AWARENESS WARNING SYSTEM					ENCODER				
EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM					RMI RADIO MAGNETIC INDICATOR				
TCAS TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM					VLF VERY LOW FREQUENCY				
NAVCOM #1					PHONE				
NAVCOM #2					RADAR				
TRANSPONDER A___ C___					LORAN				
GLIDESLOPE					ADF AUTOMATIC DIRECTION FINDER				
LOCALIZER					DME DISTANCE MEASURING EQUIPMENT				
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR					AIR CONDITIONING				
AUTOPILOT NUMBER OF AXES ___					BOOTS				
FLIGHT DIRECTOR					HF TRANSCEIVERS HIGH FREQUENCY				
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES					OTHER NON-FACTORY AVIONICS				

**THE DECLARATION BY ASSESSEE ON PAGE 2 MUST BE COMPLETED AND SIGNED  
 THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION**



