



**Joseph E. Holland**  
**County Clerk, Recorder and Assessor**  
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County of Santa Barbara  
P.O. Box 159, Santa Barbara, CA 93102-0159  
(805) 568-2550

**CLAIM FOR EXEMPTION FROM PROPERTY TAXES OF AIRCRAFT OF HISTORICAL SIGNIFICANCE**

This claim must be filed annually with the Assessor by 5:00 p.m., February 15, for the preceding January 1 lien date to receive a full 100% exemption. An 80% exemption is available if this affidavit is filed between February 16 - August 1.

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

\_\_\_\_\_

\_\_\_\_\_

If you no longer seek an exemption at this location, check  Sign and return this form to the Assessor

Date sold/no longer used for exempt purpose: \_\_\_\_\_

**SECTION 1: CLAIMANT INFORMATION**

NAME OF OWNER

NAME OF CLAIMANT (if different from owner)

ADDRESS OF CLAIMANT (number, street, city, state, zip code)

EMAIL ADDRESS

DAYTIME PHONE NUMBER  
( )

**SECTION 2: AIRCRAFT INFORMATION**

FAA REGISTRATION NUMBER

N

HOURS IN OPERATION LAST YEAR

AIRFRAME HOURS AS OF JANUARY 1

MANUFACTURER

MODEL

YEAR BUILT

AIRCRAFT LOCATION AS OF 12:01 A.M., JANUARY 1 (AIRPORT, HANGAR OR TIE-DOWN NUMBER)

Check the appropriate box:

Original       Restored       Replica       Fewer than Five

1. Is the aircraft considered airworthy?  
 YES     NO
2. Do you hold the aircraft primarily for purposes of sale?  
 YES     NO
3. Do you use the aircraft for any general transportation or commercial purposes?  
 YES     NO

**SECTION 3: FIRST-TIME FILERS**

A fee of \$35 will be charged by the assessor upon the initial application for an exemption. This is a one-time only, non-refundable fee.

If the aircraft was first made available for public display less than 12 days prior to the lien date (January 1), the exemption may be granted if you intend to display the aircraft during the following 12 months. Will you display the referenced aircraft at least 12 days during the year following its first date of public display?

YES     NO

**CERTIFICATION**

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF CLAIMANT

TITLE

DATE

EMAIL ADDRESS

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**



