Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

REPORT OF AIRCRAFT TRANSACTION

Telephone: (850) 617-7870; FAX (850) 617-7895

AIRCRAFT INFORMATION

1. FDACS Registration No.________________________
2. Serial No.________________________ FAA Registration No.________________________
3. Aircraft Year, Make and Model________________________ Color:________________________

TRANSACTION INFORMATION

4. Type of transaction: [ ] Purchase [ ] Sale [ ] Transfer of ownership [ ] Lease [ ] Rental
[ ] Other________________________
5. Date of transaction________________________ 6. End date for lease/rental contract________________________ [ ] Not Applicable
7. Purpose of transaction:________________________
8. If you are relinquishing ownership or control of the aircraft, what is the intended use of the aircraft by the new party, to the best of your knowledge?________________________

NEW OWNER/LESSEE/RENTER INFORMATION

9. List all new owners, lessees or renters (use additional forms if necessary):

9.1 Legal Name of first [ ] Owner [ ] Lessee [ ] Renter ____________________________
[ ] Date of Birth________________________ 4 Digit PIN #________________________
Address:________________________
____________________________________________________________________________

9.2 Legal Name of second [ ] Co-Owner [ ] Co-Lessee [ ] Co-Renter ____________________________
[ ] Date of Birth________________________ 4 Digit PIN #________________________
Address:________________________
____________________________________________________________________________

9.3 Legal Name of third [ ] Co-Owner [ ] Co-Lessee [ ] Co-Renter ____________________________
[ ] Date of Birth________________________ 4 Digit PIN #________________________
Address:________________________
____________________________________________________________________________

SIGNATURE

10. Name of Person Reporting Transaction (print) ____________________________
11. Signature________________________ 12. Date________________________
13. Capacity [ ] Seller [ ] Purchaser [ ] Lessor [ ] Lessee [ ] Rental Owner
[ ] Renter [ ] Other:________________________

FDACS-13355 Rev. 10/13

Submit to:
Bureau of Licensing and Enforcement
3125 Conner Boulevard, Bldg. 8
Tallahassee, FL 32399-1650

For FDACS Use Only
Transaction Recorded________________________
New FDACS Registration No.________________________
Date________________________ Initials________________________