



STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
AIRPORTS DIVISION

AIRCRAFT REGISTRATION FORM

TAIL NO: N _____

FEE: \$10.00

AIRPORT: (HOME BASE) [radio buttons for HDH, HNL, HNM, ITO, JHM, JRF, KOA, LNY, LUP, LIH, MKK, MUE, OGG, PAK, UPP]

NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE: _____

AIRCRAFT INFORMATION:

MAKE: _____ MODEL: _____

TYPE: [radio buttons for SINGLE ENG, MULTI ENG, JET, HELI, GLIDER, ULTRALIGHT, LSA]

YEAR: _____ COLOR: _____ SERIAL #: _____

AIRCRAFT PARKING SPACE: _____

CONTACT NAME: _____

TELEPHONE: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

NOTE: PLEASE UPDATE ALL INFORMATION REQUESTED ABOVE AND REMIT \$ 10.00.

OWNER/OPERATOR (SIGNATURE)

TITLE: _____

DATE: _____

LIEN HOLDER _____

APPROVED BY:

AIRPORTS DISTRICT MANAGER

DATE: _____

AIRPORTS DIVISION USE ONLY

COMPANY NUMBER: _____

AGREEMENT NUMBER: _____

RECEIPT NUMBER: _____

RECEIPT DATE: _____

DECAL NUMBER: _____

EXPIRATION DATE: _____