

Minnesota Department of Transportation
Office of Aeronautics
DEALER REGISTRATION



COMPLETE ONE FORM FOR EACH TRANSACTION. PLEASE COMPLETE ALL REQUESTED INFORMATION

On _____ "N" # _____ Serial # _____ Year _____

Make & Model (Specify if Standard, II, III, etc.) _____

Was purchased/brokered FROM: _____
(CIRCLE ONE)

Address _____ City _____ State _____ Zip Code _____

Was sold/brokered TO: _____
(CIRCLE ONE)

Address _____ City _____ State _____ Zip Code _____

The aircraft is: NEW _____ Used _____ Airworthy _____ Unairworthy _____

IF YOU DO NOT INDICATE ONE OF THE FOLLOWING, IT WILL BE ASSUMED THAT THE AIRCRAFT IS OPERATIONAL, AND YOU WILL BE ASSESSED REGISTRATION FEES

The Aircraft is: Operational _____ Held for resale; demo only _____

I hereby certify that the Sales & Use Tax has been paid on aircraft N _____,
in the amount of \$ _____.

Minnesota Aircraft Dealer _____

Date _____ Signature X _____

Minnesota Sales/Use Tax Permit Number _____

I NEED MORE FORMS _____

SEND COMPLETE FORM TO:
Minnesota Department of Transportation
Office of Aeronautics
Aircraft Registration Unit
Aircraft Registration
395 John Ireland Blvd MS 410
St Paul, MN 55155-1800