

**APPLICATION & Change Form for
Certificate of Compliance**

Statewide Aviation
Department Of Transportation & Public Facilities
State of Alaska
P.O. Box 196900, Anchorage, AK 99519-6900
Phone: 907-269-0730 Fax: 269-0489

D.B.A.: _____ Email: _____
 Name of Owner: _____ Telephone: _____ Fax: _____
 Mailing Address: _____
 Physical Address: _____
 Insurance Agent: _____ Telephone: _____
 Mailing Address: _____

Operating: Year-Round _____, Seasonally (list months anticipated) _____, Not Active _____

	Aircraft Description	FAA Tail Number	Insured Seats	Policy Change (*)	Effective Date
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

*Please indicate aircraft: (A) additions, (D) deletions, (G) ground coverage only or (S) change in seats insured.

Comments: _____

Please: (make appropriate selections)

1. New applicants provide a copy of the FAA Operating Certificate, On file _____, Enclosed _____
2. Verify insurance coverage for each certified aircraft seat, On file _____, Enclosed _____
(Fill out the form or send a copy insurance policy to verify all aircraft coverage)
3. Pay annual fee, (\$50 **one** aircraft, \$100 for **two**, or **fleet** \$150.00) Check # _____, Amount \$ _____

Signature of Applicant

Date

Note Any person who carries passengers or freight for commercial purposes intrastate in aircraft must obtain an annual certificate of compliance verifying all aircraft insured (Minimums: \$150,000 per seat for bodily injury or death and \$100,000 for property damage in a single occurrence). Any person who violates AS Sec. 02.40.010 (a)(1) and/or AS Sec. 02.40.020 (a), may be issued a stop use order and be fined up to \$10,000.00 for each violation

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