

**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: 907-269-0742 Fax: 907-269-0489**

DBA: _____ 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					

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

Comments:

Please make appropriate selections

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

Signature of Applicant

Date

Notes: Any person who carries passengers or freight for commercial purposes intrastate in aircraft must obtain an annual certificate of compliance verifying all aircraft insurance (Minimum: \$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**