

**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 \_\_\_\_\_

	<b>Aircraft Description</b>	<b>FAA Tail Number</b>	<b>Insured Seats</b>	<b>Policy Change (*)</b>	<b>Effective Date</b>
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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