



MUNICIPALITY OF ANCHORAGE

Finance Department, Treasury Division

P.O. Box 196650

Anchorage, AK 99519-6650

Telephone: (907) 343-6923 Fax: (907) 343-6121

APPLICATION FOR AIRCRAFT REGISTRATION TAX

DATE: _____ FAA NUMBER: _____

NAME: _____

MAILING
ADDRESS: _____

AIRCRAFT MAKE: _____

AIRCRAFT MODEL: _____

YEAR: _____ NUMBER OF ENGINES: _____

TIE DOWN LOCATION: _____

PLEASE CHECK APPLICABLE TYPE:

- (1) **GLIDER**
- (2) **BALLOON**
- (3) **BLIMP**
- (4) **SINGLE ENGINE**
- (5) **MULTI-ENGINE**
- (6) **ROTOR CRAFT**

Upon receipt of the above information, an aircraft registration tax notice will be produced and mailed to you. The application contains tax registration information and is your tax notice. Your application and tax payment are to be returned together by the due date listed on your registration notice.

I UNDERSTAND THE ABOVE STATEMENTS TO BE TRUE AND CORRECT:

Signature: _____