



Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: crd@ct.gov • WEB: www.concord-sots.ct.gov

NOTICE OF AIRCRAFT LIEN

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		FILING FEE: \$50 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
CUSTOMER ID:		
NAME:		
ADDRESS:		
CITY:		
STATE:	ZIP:	
EMAIL:		

TO ALL PERSONS WHOM IT MAY CONCERN, A LIEN IS CLAIMED BY ME ON THE BELOW DESCRIBED AIRCRAFT:

1. CLAIMANT'S EXACT LEGAL NAME IF INDIVIDUAL

OR	SURNAME		
	FIRST PERSONAL NAME	MIDDLE	SUFFIX
	BUSINESS		
	BUSINESS NAME		

2. MAILING ADDRESS: (STREET OR P.O. BOX)

ADDRESS:

CITY:

STATE:

ZIP:

COUNTRY:

3. AMOUNT OF CLAIM:

4. NAME OF AIRCRAFT (WRITE "NONE" IF NOT APPLICABLE):

5. REGISTRATION NUMBER:

6. BASIS OF CLAIM WITH DATES:

7. DESCRIPTION OF AIRCRAFT (MUST INCLUDE NAME OF MANUFACTURER):

8. LOCATION OF AIRCRAFT:

9. OWNER'S NAME IF INDIVIDUAL			
OR	SURNAME		
	FIRST PERSONAL NAME	MIDDLE	SUFFIX
	BUSINESS		
	BUSINESS NAME		
10. MAILING ADDRESS: (STREET OR P.O. BOX)			
ADDRESS:			
CITY:			
STATE:		ZIP:	
INTENDED SALE (If applicable -- at least 60 days next succeeding filing of such notice)			
DATE OF SALE: _____		PLACE OF SALE: _____	
CLAIMANT'S SIGNATURE		DATE	