

Phone: <u>860-509-6003</u> Website: <u>business.ct.gov</u> Email: <u>bsd@ct.gov</u>

NOTICE OF AIRCRAFT LIEN Accessible Version Available

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):			FILING FEE: \$50		
NAME:			OF THE STATE	S PAYABLE TO "SECRETARY E"	
ADDRESS:					
CITY:					
STATE: ZIP CODE:					
EMAIL:					
TELE	PHONE NUMBER:				
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					
	SURNAME				
OR	FIRST PERSONAL NAME	MIDDLE		SUFFIX	
	BUSINESS	l			
	BUSINESS NAME				
2. MAILING ADDRESS: (STREET OR P.O. BOX)					
ADDRESS:					
CITY	<u>.</u>				
STATE: ZIP CODE:		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:					

SUFFIX				
SUFFIX				
BUSINESS				
BUSINESS NAME				
10. MAILING ADDRESS: (STREET OR P.O. BOX)				
ADDRESS:				
CITY:				
INTENDED SALE (If applicable at least 60 days next succeeding filing of such notice)				
DATE OF SALE: PLACE OF SALE:				