



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6002

WEBSITE: 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): CUSTOMER ID: NAME: ADDRESS: CITY: STATE: ZIP: EMAIL:	FILING FEE: \$50 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"															
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="width:5%; text-align: center; vertical-align: middle;">OR</td> <td colspan="3" style="padding: 2px;">SURNAME</td> </tr> <tr> <td style="width:45%; padding: 2px;">FIRST PERSONAL NAME</td> <td style="width:20%; padding: 2px;">MIDDLE</td> <td style="width:30%; padding: 2px;">SUFFIX</td> </tr> <tr> <td colspan="4" style="padding: 2px;">BUSINESS</td> </tr> <tr> <td colspan="4" style="padding: 2px;">BUSINESS NAME</td> </tr> </table>		OR	SURNAME			FIRST PERSONAL NAME	MIDDLE	SUFFIX	BUSINESS				BUSINESS NAME			
OR	SURNAME															
	FIRST PERSONAL NAME	MIDDLE	SUFFIX													
BUSINESS																
BUSINESS NAME																
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:	COUNTRY:	
INTENDED SALE (If applicable -- at least 60 days next succeeding filing of such notice)			
DATE OF SALE	_____	PLACE OF SALE	_____
CLAIMANT'S SIGNATURE		DATE	