AFFIDAVIT OF OWNERSHIP

PRA Public Burden Statement: A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-0042. Public reporting for this collection of information is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to show applicant eligibility and evidence of ownership to register an aircraft or hold an aircraft in trust in accordance with 14 CFR Part 47. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Aviation Administration, 10101 Hillwood Parkway, Fort Worth, TX 76177-1524

LIGHT-SPORT AIRCRAFT MANUFACTURER'S AFFIDAVIT

U. S. Identification	
Manufacturer	
Model Serial I	Number
Class (airplane, gyroplane, weight-shift-control, powered parachute, balloon, airship, glider)	
Land or Sea Operation	
Type of Engine installed (2 cycle, 4 cycle)	
Engine Manufacturer	
Engine Model	Serial Number
Number of Seats	
DECLARATION	
First option: I certify that the aircraft described above is a newly manufactured aircraft; that it will meet all applicable consensus standards under 14 CFR 21.190; and the aircraft is not currently registered in another country. Dealer's Aircraft Registration Certificate Number (if applicable).	
	d above is a newly manufactured unassembled aircraft that meets 21.191(i)(2); and the aircraft is not currently registered in another Number(if applicable).
Name of Manufacturer:	
Signature (In Ink or Digital) of Manufacturer:	Title of Signer (If Appropriate)
Address:	
Number and Street	Apt. Number
P. O. Box	
City State (or foreign Province, State, Country)	
Zip	
Telephone Number ()	Email Address
Notary Public (or a person authorized under local law to administer oaths):	
State of County of	Foreign Country
Subscribed and sworn to before me this	day of ,
My Commission Expires:(DD/MM/YYYY)	
(Signature of Notary Public) (Seal required if applicable in your State)	