



**IDAHO AIRCRAFT REGISTRATION APPLICATION**  
Complete, sign, and submit, after submitting Aeronautics staff will call you for payment.  
Idaho Transportation Department, Division of Aeronautics, PO Box 34, Boise, ID 83707  
For questions, please contact us at 208-334-8775



**Please Complete ALL fields that apply**

**AIRCRAFT MUST BE REGISTERED WITH FAA PRIOR TO BEING REGISTERED WITH IDAHO**

AIRCRAFT REGISTRATION: 3 cents per pound max certified gross weight - Min: \$20.00/Max: \$600.00

Type of Aircraft:      Fixed Wing              Helicopter              Balloon              Ultra Light

N Number: \_\_\_\_\_ AC Make: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Year Built: \_\_\_\_\_ Certified Gross Wt: \_\_\_\_\_

Home Airfield: \_\_\_\_\_ ELT 15 Digit HEX CODE: \_\_\_\_\_

Color: \_\_\_\_\_

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Aircraft Owner/Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

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Aircraft Owner/Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

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Contact Name if Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_

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*I certify under penalty of perjury that, to the best of my knowledge, the information I have provided is true & correct*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_