

OWNER / OPERATOR INFORMATION FORM



GC, Customer Support, Rev 005

08 Mar 2018

The purpose of this form is to gather updated owner/operator information to ensure timely distribution of important safety and service information to owners and operator of Pilatus. Please use this form to **report any status changes** of owner, operator or aircraft to:

Pilatus Aircraft Ltd, CH-6371 Stans, Switzerland
Phone: +41 41 619 3333 / Fax: +41 41 619 7311
Email to: warranty.ch@pilatus-aircraft.com

Change of address for documents

to assure the shipment of documents to the correct address

POH/AFM+FCOM Lifetime Revision Service
to renew PC-6 AFM / PC-12 AFM/POH /PC-24 AFM+FCOM with lifetime revision service

Delivery of new aircraft

to activate Pilatus- and Vendor warranty

Change of ownership

to assure transfer of all remaining warranties

Aircraft Data

Type of Operation (Please tick the related box)	<input type="checkbox"/> Commercial	<input type="checkbox"/> Fractional	<input type="checkbox"/> Fleet	<input type="checkbox"/> Cargo
	<input type="checkbox"/> Non-Commercial	<input type="checkbox"/> Medivac	<input type="checkbox"/> Airline	<input type="checkbox"/> Government/Special Mission

Type of aircraft:	<input type="text"/>	Manuf. Serial No.	<input type="text"/>	New Reg. No.:	<input type="text"/>	Sales date:	<input type="text"/>		
Sales Center	<input type="text"/>	Flight Hrs:	<input type="text"/>	Engine #1 SN:	<input type="text"/>	Engine #2 SN:	<input type="text"/>	Propeller SN:	<input type="text"/>
Service Center	<input type="text"/>	Landings:	<input type="text"/>	Engine #1 TSN:	<input type="text"/>	Engine #2 TSN:	<input type="text"/>	Propeller TSN:	<input type="text"/>

Owner (New Owner of Record only)

Full legal Name:	<input type="text"/>	Contact Person:	<input type="text"/>	Function:	<input type="text"/>		
Address Line 1:	<input type="text"/>	Address Line 2:	<input type="text"/>				
City	<input type="text"/>	Zip:	<input type="text"/>	State:	<input type="text"/>	Country:	<input type="text"/>
Phone no.:	<input type="text"/>	Fax no.:	<input type="text"/>	Email:	<input type="text"/>		

Operator (Responsible for operations, maintenance & airworthiness of this aircraft)

Same address as the owner

Full legal Name:	<input type="text"/>	Contact Person:	<input type="text"/>	Function:	<input type="text"/>		
Address Line 1:	<input type="text"/>	Address Line 2:	<input type="text"/>				
City	<input type="text"/>	Zip:	<input type="text"/>	State:	<input type="text"/>	Country:	<input type="text"/>
Phone no.:	<input type="text"/>	Fax no.:	<input type="text"/>	Email:	<input type="text"/>		

Sending Manual Revision (Applicable address to send document revisions for this aircraft)

Sending Manual to: (please select)

Full legal Name:	<input type="text"/>	Contact Person:	<input type="text"/>	Function:	<input type="text"/>		
Address Line 1:	<input type="text"/>	Address Line 2:	<input type="text"/>				
City	<input type="text"/>	Zip:	<input type="text"/>	State:	<input type="text"/>	Country:	<input type="text"/>
Phone no.:	<input type="text"/>	Fax no.:	<input type="text"/>	Email:	<input type="text"/>		

Name of the originator:	<input type="text"/>	Function:	<input type="text"/>	Date:	<input type="text"/>
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By signing this form I confirm and accept the content of the related "Pilatus PC-6/PC-12/PC-24 New Aircraft Limited Warranty Policy".

Signature by
Owner of Record