

FLEET OWNER / OPERATOR INFORMATION FORM



GB, Customer Support, Initial Issue

17 Jul 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

Type of aircraft:

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

Change of address for documents
 to assure the shipment of documents to the correct address

Change of ownership
 to assure transfer of all remaining warranties

Owner (New Owner of Record only)

Full legal Company 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 Company 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 Company 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"/>

Fleet information: 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

Aircraft MSN	Reg. no.	Flight Hours	Landings	Notes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

further aircraft see page 2

Name of the originator: Function: Date:

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

