

FEES AND AUTHORIZED CONTACTS

(please fill out all highlighted fields)

Agreement Effective Date: _____ Original Enrollment Date: _____

FEE SCHEDULE (All fees in US Dollars)

Enrollment Fee: \$ _____ (PLUS OPTION ____)

Agreement Transfer Fee: \$ _____

CONTACTS

Enrolling Party: _____

Owner__ Lessee__ Operator__ Lender__

Contact: _____

Job Title: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Postal Code: _____

Country: _____

Telephone: _____

Fax: _____

E-mail: _____

Lien Holder /Lessor
contact information: _____

Phone: _____

Email: _____

Name: _____

UNSCHEDULED - EXHIBIT B AIRFRAME DATA, ENGINE DATA

(please fill out all highlighted fields)

AGREEMENT NUMBER: _____

Aircraft Make: _____

Aircraft Model: _____

Aircraft Serial Number: _____

Aircraft Registration Number: _____

Aircraft Manufacture Date: _____

Aircraft Warranty Expiration Date: _____

Engine Make: _____

Engine Model: _____

Engine Serial Number: _____

Engine Manufacture Date: _____

Engine Warranty Expiration Date: _____

Total Time Since New: _____

Time Since Overhaul: _____

Time to Overhaul: _____

Aircraft Operating Hours per Year: _____

Aircraft Base: _____

Maintenance Base: _____

Governing Aviation Authority: _____