

Vehicle Registration Application Form



Safety Through Education

NAME _____
last first middle

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Phone (____) _____ Date of Birth ____/____/____

USUA Member # (REQUIRED FOR REGISTRATION) A _____

This is a new address new phone number. Please update my records.

Instructions for Vehicle Registration

1. Complete and sign the application. **Except for signatures, all data should be typewritten or printed legibly.**
2. Send completed application and processing fee to USUA.

I AM APPLYING FOR:

- New Vehicle Registration**
(Valid only with current USUA membership)
- Custom Numbers**
(Available only with New Vehicle Registration)
- Transfer Of Existing Registration**
(Valid only with current USUA membership)

Vehicle Description

Check items below as applicable:

SINGLE PLACE

CATEGORY:

- Airplane (Aerodynamic control)
- Trike (Weightshift)
- Powered Parachute
- Powered Paraglider
- Hang Glider
- Powered Hang Glider
- Sailplane
- Powered Sailplane
- Lighter Than Air
- Gyroplane
- Helicopter
- Other _____

CLASS:

- Land
- Sea
- Amphibious
- Foot launch

Vehicle Make & Model To Be Registered

Vehicle Manufacturer Name _____

Vehicle Model Name _____

Engine Make/Model _____ Airframe Serial # (if any) _____

Vehicle Registration Transfer * If Applicable TO NEW OWNER

Registration may be transferred to a new owner when the following statement from the previous owner is completed indicating forfeiture of the registration number. The new owner may then apply for registration in his/her name.

Number to be transferred: _____
Numbers Letters

I, _____,
(Previous Registration Holder Printed Name)

authorize _____
(Applicant Printed Name)
 to transfer the above registered vehicle registration.

(Previous Registration Holder Signature)

TO NEW VEHICLE

Number to be transferred: _____

FROM ANOTHER FAA RECOGNIZED PROGRAM

USUA NUMBERS WILL BE ASSIGNED

Existing Registration Number: _____

FOR USUA OFFICE USE ONLY — DO NOT WRITE BELOW THIS LINE

_____ FEE	_____.____ VHR	____.____ VHC	_____ Date Processed
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 0802 USUA VEHICLE REGISTRATION PAGE 1 OF 2

