

20 \_\_\_\_\_



**Steve J. Bestolarides**  
**Assessor-Recorder-County Clerk**

San Joaquin County  
44 N San Joaquin Street Suite 230  
Stockton, CA 95202-3273  
Exemption Section: (209) 468-2647  
www.sjgov.org/assessor\_recorder

**AIRPORT OPERATIONS REPORT**

TO OWNERS AND OPERATORS OF PRIVATE AND PUBLIC AIRPORTS: Section 5368 of the Revenue and Taxation Code requires this form to be completed and returned to the County Assessor upon request. Pursuant to this section, the County Assessor hereby requests information regarding the aircraft registration number, make, model and arrival and departure information of all aircraft utilizing your airport facilities for the calendar year. The requested information may be provided in electronic format.

COUNTY		AIRPORT NAME		CALENDAR YEAR																																																		
AIRCRAFT REGISTRATION NUMBER	AIRCRAFT TYPE MAKE AND MODEL	AIRCRAFT IDENTIFICATION (FLIGHT NUMBER)	INDICATE IF ARRIVAL OR DEPARTURE	LOCAL TIME AND DATE																																																		
<b>THIS IS A SAMPLE! DO NOT USE!</b>																																																						
					<b>THIS IS A SAMPLE! DO NOT USE!</b>																																																	
										<b>THIS IS A SAMPLE! DO NOT USE!</b>																																												
															<b>THIS IS A SAMPLE! DO NOT USE!</b>																																							
																				<b>THIS IS A SAMPLE! DO NOT USE!</b>																																		
																									<b>THIS IS A SAMPLE! DO NOT USE!</b>																													
																														<b>THIS IS A SAMPLE! DO NOT USE!</b>																								
																																			<b>THIS IS A SAMPLE! DO NOT USE!</b>																			
																																								<b>THIS IS A SAMPLE! DO NOT USE!</b>														
																																													<b>THIS IS A SAMPLE! DO NOT USE!</b>									
																																																		<b>THIS IS A SAMPLE! DO NOT USE!</b>				

**CERTIFICATION**

*I certify (or declare) under penalty of the laws of the State of California that the foregoing, and all information herein, is true, correct, and complete to the best of my knowledge and belief.*

*Additionally, if this form is submitted with an electronic signature, I also certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information herein, including any accompanying statements or materials, is true, correct, and complete to the best of the taxpayer's knowledge and belief.*

SIGNATURE	DATE
NAME	TITLE
E-MAIL ADDRESS	DAYTIME TELEPHONE (     )

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**

