



Don H. Gaekle
Stanislaus County Assessor
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CLAIM FOR EXEMPTION FROM PROPERTY TAXES OF AIRCRAFT OF HISTORICAL SIGNIFICANCE

This claim must be filed annually with the Assessor by 5:00 p.m., February 15, for the preceding January 1 lien date to receive a full 100% exemption. An 80% exemption is available if this affidavit is filed between February 16 - August 1.

NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address.)

SECTION 1: CLAIMANT INFORMATION

NAME OF OWNER _____

NAME OF CLAIMANT (if different from owner) _____

ADDRESS OF CLAIMANT _____ CITY _____

EMAIL ADDRESS _____ DAYTIME PHONE NUMBER () _____

SECTION 2: AIRCRAFT INFORMATION

| | | |
|--|------------------------------|--------------------------------|
| FAA REGISTRATION NUMBER N | HOURS IN OPERATION LAST YEAR | AIRFRAME HOURS AS OF JANUARY 1 |
| MANUFACTURER | MODEL | YEAR BUILT |
| AIRCRAFT LOCATION AS OF 12:01 A.M., JANUARY 1 (AIRPORT, HANGAR OR TIE-DOWN NUMBER) | | |

Check the appropriate box:

- Original Restored Replica Fewer than Five

- Is the aircraft considered airworthy?
 YES NO
- Do you hold the aircraft primarily for purposes of sale?
 YES NO
- Do you use the aircraft for any general transportation or commercial purposes?
 YES NO

SECTION 3: FIRST-TIME FILERS

A fee of \$35 will be charged by the assessor upon the initial application for an exemption. This is a one-time only, non-refundable fee.

If the aircraft was first made available for public display less than 12 days prior to the lien date (January 1), the exemption may be granted if you intend to display the aircraft during the following 12 months. Will you display the referenced aircraft at least 12 days during the year following its first date of public display?

- YES NO

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

| | | |
|----------------------------|-------|------|
| SIGNATURE OF CLAIMANT ▶ | TITLE | DATE |
| EMAIL ADDRESS | | |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



