

Tail # Alias Release Form

(For tail #'s blocked through NBAA.)

Request
Date:

| | | |
|----|----|----|
| | | |
| MM | DD | YY |

Your Name: _____
Last Name First Name MI

Telephone: () - Fax: () - E-mail: _____

Plane #1

Tail #: _____

Registered Owner: _____

Registered Address: _____

Plane #2

Tail #: _____

Registered Owner: _____

Registered Address: _____

Plane #3

Tail #: _____

Registered Owner: _____

Registered Address: _____

Additional Notes: _____

By signing below, you acknowledge in good faith that you, or your company, are the registered owner of the planes specified above, and authorize FlyteComm to release the blocked tail # aliases to you.

Signature

Print Name

Date



The completed form **MUST** be faxed back on company letterhead.

FAX: (650) 404-8108

Attn: Operations Dept.