

# 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.

<b>I AM APPLYING FOR:</b>	
<input type="checkbox"/> <b>New Vehicle Registration</b> <small>(Valid only with current USUA membership)</small>	
<input type="checkbox"/> <b>Custom Numbers</b> <small>(Available only with New Vehicle Registration)</small>	
<input type="checkbox"/> <b>Transfer Of Existing Registration</b> <small>(Valid only with current USUA membership)</small>	
<b>Vehicle Description</b>	
<i>Check items below as applicable:</i>	
<input type="checkbox"/> <b>SINGLE PLACE</b> <input type="checkbox"/> <b>TWO PLACE</b>	
<b>CATEGORY:</b>	<b>CLASS:</b>
<input type="checkbox"/> Airplane <small>(Aerodynamic control)</small>	<input type="checkbox"/> Land
<input type="checkbox"/> Trike <small>(Weightshift)</small>	<input type="checkbox"/> Sea
<input type="checkbox"/> Powered Parachute	<input type="checkbox"/> Amphibious
<input type="checkbox"/> Powered Paraglider	<input type="checkbox"/> Foot launch
<input type="checkbox"/> Hang Glider	
<input type="checkbox"/> Powered Hang Glider	
<input type="checkbox"/> Sailplane	
<input type="checkbox"/> Powered Sailplane	
<input type="checkbox"/> Lighter Than Air	
<input type="checkbox"/> Gyroplane	
<input type="checkbox"/> Helicopter	
<input type="checkbox"/> Other _____	

<b>Vehicle Make &amp; Model To Be Registered</b>
Vehicle Manufacturer Name _____
Vehicle Model Name _____
Engine Make/Model _____ Airframe Serial # (if any) _____
<b>Vehicle Registration Transfer * If Applicable</b>
<b>TO NEW OWNER</b>
<small>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.</small>
Number to be transferred: _____ <small>Numbers Letters</small>
I, _____, <small>(Previous Registration Holder Printed Name)</small>
authorize _____ <small>(Applicant Printed Name)</small> to transfer the above registered vehicle registration.
_____ <small>(Previous Registration Holder Signature)</small>
<b>TO NEW VEHICLE</b>
Number to be transferred: _____
<b>FROM ANOTHER FAA RECOGNIZED PROGRAM</b> <small>USUA NUMBERS WILL BE ASSIGNED</small> Existing Registration Number: _____

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

_____ FEE	____ . ____ VHR	____   ____   ____ VHC	_____ Date Processed
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