



Secretary of the State of Connecticut

Phone: [860-509-6003](tel:860-509-6003) Website: business.ct.gov Email: bsd@ct.gov

NOTICE OF AIRCRAFT LIEN [Accessible Version Available](#)

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: ADDRESS: CITY: STATE: ZIP CODE: EMAIL: TELEPHONE NUMBER:		FILING FEE: \$50 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"	
TO ALL PERSONS WHOM IT MAY CONCERN, A LIEN IS CLAIMED BY ME ON THE BELOW DESCRIBED AIRCRAFT:			
1. CLAIMANT'S EXACT LEGAL NAME IF INDIVIDUAL			
OR	SURNAME		
	FIRST PERSONAL NAME	MIDDLE	SUFFIX
	BUSINESS		
	BUSINESS NAME		
2. MAILING ADDRESS: (STREET OR P.O. BOX) ADDRESS: CITY: STATE: ZIP CODE: COUNTRY:			
3. AMOUNT OF CLAIM:			
4. NAME OF AIRCRAFT (WRITE "NONE" IF NOT APPLICABLE):			
5. REGISTRATION NUMBER:			
6. BASIS OF CLAIM WITH DATES:			
7. DESCRIPTION OF AIRCRAFT (MUST INCLUDE NAME OF MANUFACTURER):			
8. LOCATION OF AIRCRAFT:			

9. OWNER'S NAME IF INDIVIDUAL			
OR	SURNAME		
	FIRST PERSONAL NAME	MIDDLE	SUFFIX
	BUSINESS		
	BUSINESS NAME		
10. MAILING ADDRESS: (STREET OR P.O. BOX)			
ADDRESS:			
CITY:			
STATE:		ZIP CODE:	
INTENDED SALE (If applicable -- at least 60 days next succeeding filing of such notice)			
DATE OF SALE: _____		PLACE OF SALE: _____	
CLAIMANT'S SIGNATURE		DATE	