



APPLICATION FOR NEW AIRCRAFT DEALER LICENSE

	Application for New Aircraft Dealer License or Application for Renewal of Aircraft Dealer License # (Fee is not required for renewals received on or before November 1	FEE \$251.73	
	Application for Aircraft Manufacturer Exempt License (A current Manufacturer/ Sales Tax Exemption Permit is required to qualify for the aircraft manufacturer exemption)		\$250.00 & \$1.73 mail fee.
How is the business owned?			
OWNERSHIP	Owner: (Name of individual, partnership, corporation or LLC)		FEI/SSN:
	Mailing Address: (Street and number, PO box, or rural route and box number)		
Mo	City:	State:	Zip:
PARTNERS/ OFFICERS/MEMBERS	Name 1: (Last, first and middle initial)		SSN:
	Mailing Address: (Street and number, PO box, or rural route and box number)		
	City:	State:	Zip:
	Name 2: (Last, first and middle initial)		SSN:
	Mailing Address: (Street and number, PO box, or rural route and box number)		
	City:	State:	Zip:
	(If you have more than two partners, corporate officers or managing officers, continue your listing on page 2 in the spaces provided)		
BUSINESS INFORMATION	DBA Name:		Business Phone Number:
	Physical Address of Business: (Street and number - Do not use PO box or rural route number)		Email:
	City:	State:	Zip:
	Mailing Address: (PO box, or rural route and box number)		
	City:	State:	Zip:
	Date Business Started:	What kind of aircraft do you sell? (Ultralight, new, used, etc.)	
	At what airport is your inventory based? (Name of airport)	Address of Airport: (Address	s, city, state and ZIP)
АТТАСН	Please attach each of the following: 1. Copies of business identification as a dealer (telephone directories, advertisements, etc). 2. Picture of business location including the office and a business sign. 3. Financial statement (Form 13-91 Supplement).		Service Oklahoma PO Box 26940 Oklahoma City, OK 73126





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I, the undersigned, hereby make application for an aircraft dealer's license, and do solemnly swear or affirm under penalty of perjury, that this application has been examined by me and to the best of my knowledge, the facts set forth are true, correct SIGNATURE and complete. I further solemnly attest that I operate a bonafide dealership for the retail sale of aircraft at the above described location, that I have read and will comply with the laws of the State of Oklahoma and with the Service Oklahoma with regard to the operation of the dealership, and that the requirements for reporting inventory, sales, and use will be carried out in accord with the provisions set out therein. Signature: (Owners or legal agent(s) Date: FEI/SSN: Name 3: (Name of individual, partnership, corporation or LLC) Mailing Address: (Street and number, PO box, or rural route and box number) State: City: Zip: Name 4: (Name of individual, partnership, corporation or LLC) FEI/SSN: OWNERS OR LEGAL AGENT(S) continued from front Mailing Address: (Street and number, PO box, or rural route and box number) City: State: Zip: Name 5: (Name of individual, partnership, corporation or LLC) FEI/SSN: Mailing Address: (Street and number, PO box, or rural route and box number) City: State: Zip: FEI/SSN: Name 6: (Name of individual, partnership, corporation or LLC) Mailing Address: (Street and number, PO box, or rural route and box number) City: State: Zip: Name 7: (Name of individual, partnership, corporation or LLC) FEI/SSN: Mailing Address: (Street and number, PO box, or rural route and box number) City: State: Zip: Name 8: (Name of individual, partnership, corporation or LLC) FEI/SSN: Mailing Address: (Street and number, PO box, or rural route and box number)

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City:

State:

Zip: