



EL DORADO COUNTY
JON DEVILLE, ASSESSOR
 360 FAIR LANE
 PLACERVILLE, CA 95667
 TELEPHONE: 530-621-5726

AIRCRAFT PROPERTY STATEMENT

Declaration of costs and other related property information as of 12:01 a.m., January 1, 2024.

FILE RETURN BY: April 1, 2024

PLEASE NOTE: This form must be filed timely with the Assessor's office, regardless of the status of any Historical Aircraft Exemption Claim. Penalties will apply if not filed.

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

FOR ASSESSOR'S USE ONLY

SECTION I: MUST BE COMPLETED ANNUALLY

1. FAA REGISTRATION NUMBER N	DAYTIME PHONE NUMBER ()	AIRCRAFT LOCATION (AIRPORT, HANGAR OR TIE-DOWN NUMBER)		
MANUFACTURER	MODEL	YEAR BUILT		
SERIAL NUMBER	PURCHASE DATE	PURCHASE PRICE \$	DATE MOVED TO THIS COUNTY	

FOR AIRCRAFT PREVIOUSLY REGISTERED OR ASSESSED IN ANOTHER CALIFORNIA COUNTY, INDICATE COUNTY NAME AND ASSESSMENT YEARS

FIXED BASE OPERATOR NAME	LAST MAJOR AIRFRAME OVERHAUL DATE:	COST: \$
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2. AIRCRAFT CONDITION:

WHEN PURCHASED <input type="checkbox"/> NEW <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR CURRENT <input type="checkbox"/> NEW <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR INTERIOR <input type="checkbox"/> NEW <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR EXTERIOR <input type="checkbox"/> NEW <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR	DAMAGE HISTORY <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, SEE INSTRUCTIONS AND ATTACH STATEMENT.</i> EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, SEE INSTRUCTIONS AND ATTACH SCHEDULE.</i>
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3. TYPE OF USAGE:

PERSONAL/PLEASURE FLIGHT TRAINING RENTAL CHARTER/TAXI BUSINESS FRACTIONAL OWNERSHIP PROGRAM SHOW/MUSEUM

IF YOU CHECKED CHARTER/TAXI, DO YOU USE THE AIRCRAFT IN COMMON CARRIAGE MORE THAN 50% OF THE TIME? YES NO

NOTE: COMMON CARRIAGE DOES NOT INCLUDE FERRY FLIGHTS OR PART 91 OWNER FLIGHTS.

4. AVIONICS SUMMARY: REPORT ONLY ADDED OR REPLACED AVIONICS. DO NOT REPORT ORIGINAL STANDARD FACTORY AVIONICS. FOR CONDITION, PLEASE ENTER (N) NEW, (A) AVERAGE, (P) POOR.

UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY	UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY
RVSM <small>REDUCED VERTICAL SEPARATION MINIMUM MONITOR</small>					RADAR ALTIMETER				
TAWS <small>TERRAIN AWARENESS WARNING SYSTEM</small>					ENCODER				
EFIS <small>ELECTRONIC FLIGHT INSTRUMENT SYSTEM</small>					RMI <small>RADIO MAGNETIC INDICATOR</small>				
TCAS <small>TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM</small>					VLF <small>VERY LOW FREQUENCY</small>				
NAVCOM #1					PHONE				
NAVCOM #2					RADAR				
TRANSPONDER A ___ C ___					LORAN				
GLIDESLOPE					ADF <small>AUTOMATIC DIRECTION FINDER</small>				
LOCALIZER					DME <small>DISTANCE MEASURING EQUIPMENT</small>				
COMPASS SYSTEM/HSI <small>HORIZONTAL SITUATION INDICATOR</small>					AIR CONDITIONING				
AUTOPILOT NUMBER OF AXIS ___					BOOTS				
FLIGHT DIRECTOR					HF TRANSCEIVERS <small>HIGH FREQUENCY</small>				
GPS IFR <small>GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES</small>					OTHER NON-FACTORY AVIONICS				

**THE DECLARATION BY ASSESSEE ON PAGE 2 MUST BE COMPLETED AND SIGNED
 THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION**

SECTION I: (continued)

PLEASE ENTER INFORMATION AS OF JANU



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5.	ENGINE(S)	SINGLE	LEFT	RIGHT
	MAKE			
	MODEL			
	YEAR OF MANUFACTURE			
	HORSEPOWER			
	HOURS SINCE NEW			
	HOURS SINCE MAJOR OVERHAUL			
	TIME BETWEEN OVERHAULS (TBO)			
	HOURS SINCE MIDLIFE			
	DATE OF MAJOR OVERHAUL			
	DATE OF LANDING GEAR OVERHAUL			

6. TOTAL

FOR HELICOPTERS - HOURS SINCE MAJOR OVERHAUL:

ENGINE	MAIN ROTOR BLADES	MAIN ROTOR HEAD ASSEMBLY
MAST	MAST TRANSMISSION	TAIL ROTOR DRIVESHAFT
TAIL ROTOR GEARBOX	TAIL ROTOR HUB ASSEMBLY	TAIL ROTOR BLADES
SERVOS	MISCELLANEOUS	

ENGINE MAINTENANCE SERVICE PROGRAM: YES NO

NAME OF PROGRAM: _____ ENROLLMENT DATE: _____

FOR HOME BUILT, KIT, OR EXPERIMENTAL AIRCRAFT, ENTER EXACT DATE OF FIRST FLIGHT: _____

SECTION II: COMPLETE IF FIRST TIME FILING OR IF ANY CHANGES WITHIN THE LAST CALENDAR YEAR

NAME AND ADDRESS OF OWNER IF DIFFERENT FROM FAA REGISTERED OWNER

NAME		ADDRESS		
CITY	STATE	ZIP CODE	COUNTY	

IF AIRCRAFT WAS SOLD, ATTACH A COMPLETE COPY OF THE SALES CONTRACT

IF SOLD OR DONATED:	DATE OF SALE	SALE PRICE \$
NEW OWNER NAME	ADDRESS	
CITY	STATE	ZIP CODE COUNTY

IF: MOVED JUNKED PARTED DESTROYED ABANDONED

DATE	NEW LOCATION (IF MOVED)	COUNTY
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EXPLANATION

AIRCRAFT NOT HABITUALLY BASED IN THIS COUNTY

AIRPORT/FBO WHERE NORMALLY KEPT	HANGAR/TIE-DOWN NO.
CITY	STATE ZIP CODE COUNTY

CHECK REASON AIRCRAFT IS OR WAS IN THIS COUNTY: REPAIRS FOR SALE IN TRANSIT TO: OTHER:

ATTACH STATEMENT REGARDING ANY ADDITIONAL INFORMATION YOU FEEL WOULD ASSIST US IN VALUING YOUR AIRCRAFT. IF OWNERSHIP TYPE IS LLC, PLEASE ATTACH A LIST OF MEMBERS NAMES.

OWNERSHIP TYPE (✓) Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/>	<p align="center">DECLARATION BY ASSESSEE</p> <p align="center">Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.</p> <p><i>I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20__.</i></p>
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SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*	DATE
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)	TITLE
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)	FEDERAL EMPLOYER ID NUMBER
PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER () TITLE
E-MAIL ADDRESS	

* AGENT: SEE INSTRUCTIONS FOR DECLARATION BY ASSESSEE.

THIS STATEMENT IS SUBJECT TO AUDIT

