



Mn/DOT Office of Aeronautics

Phone: 651/234-7201

# APPLICATION FOR REFUND OF TAX

Mail Completed form to: MN Dept. of Transportation, Office of Aeronautics, 222 East Plato Blvd., St. Paul, MN 55106-1618

Make of Aircraft: _____	N Number: _____
<p>This aircraft was permanently destroyed on _____, 20____, and will not again be operated in this state. Cause of destruction: _____</p> <p>Where is wreckage now? _____</p> <p>State present condition of aircraft and plans for its disposal: _____</p>	<p>This aircraft was sold out of state on: _____, 20____,</p> <p>TO: _____ (Name)</p> <p>_____ (Address)</p> <p>_____ (City, State, Zip)</p>
<p>I hereby apply for refund of the portion of the tax paid on this aircraft in accordance with the provisions of Minnesota Laws 1969, Section 360.62 to 360.67.</p> <p>I hereby certify that I am (or was) the owner of the aircraft described herein and that the statements made herein are true and correct.</p>	
<p style="text-align: center;"><b>NOTICE</b></p> <p>The state registration certificate for this aircraft must be submitted with this application for refund, if available. If not available, state why.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name: _____</p> <p>Signature: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>

<b>FOR DEPARTMENTAL USE ONLY</b>	
MAKE OF AIRCRAFT: _____	YEAR: _____
MODEL: _____	
ANNUAL TAX \$ _____	REFUND OF _____ % AMOUNT \$ _____
APPROVED BY: _____	AUDITED BY: _____