PRINT PAGE 1

Paperwork Reduction Act Statement: The information collected on this form is necessary to obtain aircraft re-registration. We estimate that it will take approximately 30 minutes to complete the form. Please note that any agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. Form Approved, OMB No. 2120-0729

"Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Avenue SW, Washington, DC 20591. ATTN: Information Collection Clearance Officer, AES-200"

DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION AIRCRAFT RE-REGISTRATION APPLICATION

FAILURE TO RE-REGISTER WILL RESULT IN CANCELLATION OF REGISTRATION AND REGISTRATION NUMBER ASSIGNMENT (See 14 C.F.R. §§ 47.15(i), 47.40 and 47.41)

					·
AIRCRAFT REGISTRATION NUMBER		SERIAL NUMBER			
N 101RP		E102G72			
			MODEL		
GLASER-DIRKS FLUGZEUGBAU DG-10					
DATE OF ISSUANCE		DATE OF EXPIRATION		TYPE OF REGISTRATION	
07/22/2004	03/31/2012			Individual	
NAME AND MAILING ADDRESS OF REGISTI (If individual, give last name, first name and			INFORMATION FOR COMPLETION		
(Owner 1) John Howard DeRosa			Additional information may be obtained at our web page http://registry.faa.gov/renewregistration or by phone at 866-762-9434.		
(Owner 2)			Aircraft Registration Information may be reviewed at :		
Note: Enter any additional owner names on page two of this document.			http://registry.faa.gov/aircraftinquiry		
(Address) 35W529 Parsons Rd (Address)			Please pay fees with a check or money order payable to the Federal Aviation Administration. Signature Requirements for Listed Registration Types: Individual owner must sign. Partnership a general partner must sign. Corporation a corporate officer or managing official must sign. Limited Liability Co. a member, manager, or officer who is authorized to manage the LLC must sign. Co-owner each co-owner must sign, continuing as necessary,		
City West Dundee State IL Zip 60118					
Country USA					
PHYSICAL ADDRESS (REQUIRED WHEN MAILING ADDRESS IS A P.O. BOX OR MAIL DROP)					
(Address)					
(Address)					
City Sta			on page number two Government any authorized person may sign.		
Country			Note: All signatures must be in ink.		
ENTER CORRECTIONS IN BLANKS PROVIDED, CHECK APPLICABLE BLOCK BELOW, SIGN, DATE, & MAIL WITH THE \$5 FEE, To: The FAA Aircraft Registration Branch, PO Box 25504, Oklahoma City, OK, 73125-0504. I (WE) CERTIFY THE: NAME(S) AND MAILING ADDRESS SHOWN ABOVE FOR THE OWNER(S) OF THIS AIRCRAFT ARE CORRECT, OWNERSHIP MEETS CITIZENSHIP REQUIREMENTS OF 14 CFR §47.3, AIRCRAFT IS NOT REGISTERED UNDER THE LAWS OF ANY FOREIGN COUNTRY. UPDATE THE MAILING / PHYSICAL ADDRESS AS SHOWN BELOW. I (WE) CERTIFY THE: NAME(S) SHOWN ABOVE FOR THE OWNER(S) OF THIS AIRCRAFT IS CORRECT, OWNERSHIP MEETS THE CITIZENSHIP REQUIREMENTS OF 14 CFR §47.3, AIRCRAFT IS NOT REGISTERED UNDER THE LAWS OF ANY FOREIGN COUNTRY.			THE LAST REGISTERED OWNER MUST: MARK THE APPLICABLE BLOCK(S), COMPLETE, SIGN, DATE & Mail with any fees to: The FAA Aircraft Registration Branch, PO Box 25504, Oklahoma City, OK, 73125-0504. CANCELLATION OF REGISTRATION IS REQUESTED FOR THE REASON MARKED BELOW, 1. THE AIRCRAFT WAS SOLD TO: (Show purchaser's name and address)		
			2. THE AIRCRAFT IS DESTROYED OR SCRAPPED.		
PHYSICAL ADDRESS: COMPLETE IF PHYSICAL ADDRESS HAS CHANGED, OR NEW MAILING ADDRESS IS A PO BOX OR MAIL DROP.			3. THE AIRCRAFT WAS EXPORTED TO:		
			4. OTHER, Specify		
			UPON CANCELLATION, PLEASE RESERVE THE N-NUMBER IN OWNERS' NAME. The \$10 check or money order for the N-number reservation fee is enclosed.		
	John Howard DeRo	sa		Owner	Dec 8, 2011
SIGNATURE OF OWNER 2	PRINTED NAME OF SIGN			TITLE	DATE
	3. 3.3. .				

Note: Twelve (12) owner names may be entered on this page. If you require more, enter the first 12 names and then print this page by pressing the 'Print Page 2' button below. Next click the 'Reset' button to clear the data fields (from page 2 only) to add more names. Repeat action as needed.

PRINT PAGE 2 RESET

NAME OF OWNER		DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
NAME OF OWNER		DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
NAME OF OWNER		DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
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SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
NAME OF OWNER		DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:

AC Form 8050-1A (10/10) REF NNUM: 101RP