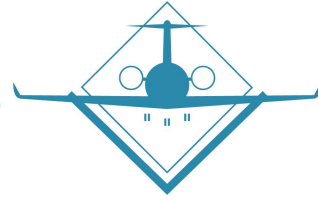


The Registry of Aruba

International Air Safety Office, Inc.



a. Aircraft Registration Mark	:	P4 -
b. Aircraft Model	:	.....
c. Aircraft MSN	:	.....
d. Aircraft Date of Manufacture	:	.....

Aruba A.V.V. Company / Registered Owner Name:

➤ Address	:	.....
➤ Managing Director	:	.....
➤ Tel	:	.....
➤ Fax	:	.....
➤ Mobile	:	.....
➤ E-Mail	:	.....

Aircraft Owner Name (if not the Aruba A.V.V. Company):

➤ Address	:	.....
➤ Tel	:
➤ Fax	:
➤ Mobile	:
➤ E-Mail	:

Aircraft Operator Name:

➤ Address	:
➤ Tel	:
➤ Fax	:
➤ Mobile	:
➤ E-Mail	:

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Tel: 305-471 9889 Fax: 305-471 8122 Toll Free 1-888-258 6607

The Registry of Aruba

International Air Safety Office, Inc.



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The Information herein shall not in any way, be disclosed or made public to any un-authorized third parties without the express written consent of the undersigned.

The undersigning further acknowledges that he/Operator/Owner or the above stated aircraft is (are) sole client (s) of "The Registry of Aruba/Int'l Air safety Office, Inc. for as long the aforementioned aircraft remains registered in the Civil Aviation Registry of Aruba.

Executed in the City of _____

Date: _____

Signature of Authorize Representative

Name:

Title:

Passport No.: