



**MINNESOTA DEPARTMENT OF TRANSPORTATION**  
**OFFICE OF AERONAUTICS**  
 395 John Ireland Blvd MS410  
 St. Paul, MN 55155-1800

**FLYING CLUB ANNUAL REPORT**

(As Required by Minnesota Department of Transportation, Office of Aeronautics Rules, Chapter 8800)

Name of Flying Club:	
Address:	Phone:
E-Mail Address:	Web Site:
Aircraft Based at:	
Type of Organization (i.e. Corporation or Partnership):	
Contact Person and Title:	
Home Address:	Phone:
Business Address:	Phone:

Number of club members on December 31, 20\_\_\_\_\_ : \_\_\_\_\_

The share in club assets held by each member (stated by percentage): \_\_\_\_\_

Name of Insurance Company:	
Local Agency:	
Policy Number:	Expiration Date:
Amount of Coverage Per Person: \$	Amount of Coverage Per Occurrence: \$

Aircraft owned, leased, or used by the flying club at any time during the past calendar year. (Use reverse side if more space is needed.)

Aircraft Make/Model	“N” Number	Aircraft Make/Model	“N” Number

Statement describing remuneration paid to members of the club, monthly and annually. Please describe the services rendered by each member to the club, and a description of the goods sold by each member of the club.

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This is to certify that the above information is true and accurate to the best of my knowledge and that the flying club will comply with all the laws of the State of Minnesota and the Rules and Regulations relating to flying clubs.

Please Sign Here	Signature	Title	Date
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**THIS REPORT MUST BE RETURNED TO THE DEPARTMENT OF TRANSPORTATION PRIOR TO JANUARY 31.**  
**Forms are available online at [www.dot.state.mn.us/aero/avoffice/licensing.html](http://www.dot.state.mn.us/aero/avoffice/licensing.html)**