

Georgia Aircraft Bill of Sale Form

This Bill of Sale is made on this ____ day of _____, 20, by and between:

Seller Information: Full Name: Address: City/State/ZIP: Phone Number: Email:	Buyer Information: Full Name: Address: City/State/ZIP: Phone Number: Email:
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Aircraft Information:

Make: _____

Model: _____

Year: _____

Aircraft Serial Number: _____

Aircraft FAA Registration Number: _____

Color: _____

Purchase Price and Payment:

The total purchase price for the aircraft is \$_____ (US Dollars), to be paid by the Buyer to the Seller in the following manner:

Cash Check Money Order Bank Transfer Other:

Condition of Aircraft:

The aircraft is sold (check one): As-is With warranties:

Representation of Ownership:

The Seller certifies that they are the lawful owner of the aircraft and that it is free from all liens and encumbrances. The Seller has the full right and authority to sell and transfer the aircraft.

Representation of Encumbrances:

The aircraft is not subject to any mortgages or other encumbrances except the following:

- _____

Additional Terms and Conditions:

1. The Seller agrees to deliver the aircraft along with the following items (if any):

- _____
- _____
- _____

2. The Buyer has inspected the aircraft and accepts it in its current condition, acknowledging that the Seller has made no other warranties or representations other than those mentioned herein.

3. Any modifications, repairs, or improvements made to the aircraft post-sale are the responsibility of the Buyer.

Signatures:

Seller's Signature: _____ Date: _____

Buyer's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Signature: _____ **Date:** _____

Notary Acknowledgment:

State of Georgia County of _____

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this ____ day of _____, 20, by _____ (Seller) and _____ (Buyer), who are personally known to me or who have produced _____ as identification.

Notary Public, State of Georgia (Seal) Signature: _____

Printed Name: _____

My Commission Expires: _____