

# REQUEST FOR TEMPORARY EXEMPTION FOR OREGON AIRCRAFT REGISTRATION

## OREGON ADMINISTRATIVE RULE 738-080-0030

Aircraft not physically capable of operation or flight may be temporarily exempt from the requirement of paying an annual registration fee. The Director of the Department of Aviation or the Director's designee shall make the final determination as to which aircraft may be allowed a temporary exemption.

The owner of any aircraft that has been assigned a Federal "N" number for the aircraft must complete an application for registration within the prescribed time limits. (Prior to March 1 or within 60 days upon entering the state or being purchased).

An aircraft owner that believes an aircraft to be not physically capable of operation or flight shall prepare a detailed statement on the attached sheet giving the reason why it should be temporarily exempted from registration. This statement shall be signed and shall accompany the completed application for registration.

This statement must be received by the Department 30 days before the appropriate registration deadline to allow time for determining the eligibility for exemption.

If approved, the temporary exemption from registration shall **be effective for one calendar year** in which the exemption is granted – **all exemptions expire on December 31 of each year.**

If the exemption is denied, the aircraft owner will be notified. The owner must then submit the appropriate registration fee to the Department by the established deadline to avoid assessment of penalty and possible citation for "failure to register".

### **"Not physically capable of operation and flight" means any aircraft that is not capable of:**

- 1.) Being operated in a forward motion on the ground or in flight.
- 2.) The need for repairs to the aircraft such as flat tires, broken windows, or other short term maintenance items that are normally required are NOT considered adequate justification for exemption. Please see FAR, PART 43, Appendix A (c) for guidance on preventive maintenance.
- 3.) An aircraft that is grounded merely because it has not had appropriate inspections as required by Federal Law is NOT eligible for exemption.
- 4.) An aircraft must be incapable of physical operation or flight for a period of time that extends beyond March 1 of each calendar year to be eligible for exemption.

An aircraft owner may request a review of the Director of the Department or the Director's designee's decision after payment of the appropriate registration fee has been submitted.

Please complete the attached statement, sign and date. Be explicit in your detail of why the plane is not flyable. Submit with a completed registration form to:

Oregon Department of Aviation  
Request for Aircraft Exemption  
3040 25<sup>th</sup> Street SE  
Salem, OR 97302

**REQUEST FOR TEMPORARY EXEMPTION  
FOR OREGON AIRCRAFT REGISTRATION**

Aircraft N number: \_\_\_\_\_

My aircraft is not flyable because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As the owner of the above-named aircraft, I am applying for a temporary exemption from Oregon aircraft registration fees because my aircraft is not physically capable of operation or flight. **I understand an exemption cannot be approved for an aircraft awaiting normal maintenance work necessary for safe flying, such as annual or preventive maintenance; or repair of worn or broken items such as tires, windows and the like; or awaiting annual inspections as required by the Federal Aviation Administration.**

I agree to allow the Oregon Department of Aviation to inspect my aircraft if they choose to determine if it qualifies for temporary exemption. I understand that if approved, the exemption will be valid through December of each year. I will need to renew my exemption for each year that it remains un-flyable. I also understand that as soon as my aircraft becomes flyable, I must immediately pay the registration fee with the Oregon Department of Aviation, or I will be subject to penalties.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Home Phone No. Business Phone No.

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Please sign your name here Date

For Office Use only:	
Exemption Approved <input type="checkbox"/>	Exemption Denied <input type="checkbox"/>
Approving Initial _____	Date _____