

Print, fill in then scan and email to Barnettair@gmail.com or fax to (256) 208-8820
Items Needed for USPAP Compliant Appraisal

- 1) Intended User(s): _____
Can be individual, Company or Organization names and can be a combination of multiple users
- 2) Appraisal Intended Use: Check the one that applies
Collateral Loan Litigation Purchase and Sale IRS 8283 Qualified Donation:
Other: Explain: _____
- 3) Type of Value: Usually Market Value Other (See Below): _____
Hypothetical Condition Value Diminution in Value: Retrospective Value:
- 4) Date needed by: _____ (delivery is expected within 11 business days unless otherwise agreed)
- 5) Year Make and Model: _____
- 6) Registration Number: _____ Serial Number: _____
- 7) Location of Aircraft: _____
- 8) Contact Person if known _____
such as maintenance facility or other neutral party
- 9) Please check if you need a quote before proceeding and send to barnettair@gmail.com.
Once Quote is returned, if accepted please approve then proceed to Item 10
- 10) Please also supply us with the following once assignment is accepted:
 - a. Specifications (Attach own or fill in supplied sheet) –Include information as in supplied sheet
 - b. Maintenance Status Report and/or Log Copies, Refurbish and/or Maintenance Quotes, etc.
 - c. Photos – Full size digital, several of Exterior, Interior and Panel (Close-ups are also encouraged)
 - d. Other documents, such as Purchase Agreement, Lease Agreement, Title Searches, etc.
 - e. List Hypothetical Conditions that must be considered (i.e. upgrades, refurbishment, mods, etc.)
 - f. Retrospective Market Value – What Date _____
Why? _____

Additional Notes: _____

Appraisal Quote \$ _____ Accepted by: _____

Client Information: (may be different from Intended User)

Name: _____ Phone: _____ email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Required Aircraft Information (not required all items below are with client supplied specification information)

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Aircraft: Year: _____ Make: _____ Model: _____

Registration No: _____ Serial Number: _____ TTAF: _____ Landings: _____

Engine(s) Make: _____ Model: _____

Engine 1 Serial #: _____

Hours Since New: _____ Total Cycles: _____ Hrs. SOH: _____ Date: _____ By Whom: _____

Engine 2 Serial #: _____

Hours Since New: _____ Total Cycles: _____ Hrs. SOH: _____ Date: _____ By Whom: _____

Engine 3 Serial #: _____

Hours Since New: _____ Total Cycles: _____ Hrs. SOH: _____ Date: _____ By Whom: _____

Propeller 1: Make: _____ Model: _____ Serial #: _____

Hours Since New: _____ Hrs. SOH: _____ Date: _____ By Whom: _____ No. Blades: _____

Propeller 2: Make: _____ Model: _____ Serial #: _____

Hours Since New: _____ Hrs. SOH: _____ Date: _____ By Whom: _____ No. Blades: _____

APU: Make: _____ Model: _____ Serial #: _____

Hours Since New: _____ Hrs. SOH: _____ Date: _____ By Whom: _____ No. Blades: _____

Avionics:

Autopilot		Audio	
HSI		Nav/Com	
ADS/B		Nav/Com	
GPS		GPS	
EFIS		EFIS	
MRD		MFD	
DME/RNAV		Transponder	
Stormscope		Radar	
Traffic		Terrain	
XM		Flt. Director	
TAWS		DME	
CVR		RVSM	

Additional Features

Additional Equipment

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Exterior Paint Colors and Scheme: _____

Date Painted: _____ By: _____ Condition (1-10) _____

Interior Description: _____

Refurbish Date: _____ By: _____ Condition (1-10) _____

Records and Maintenance

Complete Log Books: Hangared: IFR Certified: Date Due: _____

Note: Current Maintenance Tracking data or copies of Logs are needed on most appraisals.

Any missing items, such as W & B Sheet, Airworthiness Certificate, POH or other:

If checked above, explain: _____

Current Damage: Historical Damage: Corrosion Issues: Hail Damage:

If checked above, explain: _____

Aircraft-based: _____

Current Location if different: _____

General Comments about your aircraft: _____

Current Owner Information

Name: _____ Phone: _____ eMail: _____

Address: _____ City: _____ State: _____ ZIP: _____

Note: Landings and Cycles do not apply to piston powered aircraft. This form may be printed, filled in by hand and faxed to us. The online fillable forms on the web site are preferred and recommended.