

Navigation Database Cancellation Authorization

Please complete the Sections below and sign at bottom authorizing cancellation. Fax completed form to: 602-822-7333

PLEASE TYPE OR PRINT LEGIBLY

SECTION 1 – Aircraft Data

SECTION 1 - All Clait Data	
Date of Request:	Effective Date of Change:
Aircraft Type:	Serial Number:
Current Registration:	Previous Registration:
Please Select Service Type:	☐ EPIC-STANDARD ☐ FMZ/FMS ☐ GNS-X
Please Select One:	☐ Aircraft Sold ☐ Aircraft Leased ☐ Equipment Removed
	☐ New Management Company
If reason is not listed above:	
	other Reason
SECTION 2 – Current Contact	Data
(Aircraft Operator Company Name)	(Telephone)
(Contact Name/Attention)	(Fax)
(Address 1)	(Email address)
	(Email address)
(Address 2)	
(City/State or Province)	
(Zip/Postal Code) (Co	untry)
, , , , , , , , , , , , , , , , , , , ,	
Authorized Signature:	
SECTION 3 – New Aircraft Ope	erator (if known)
•	
(Customer Name)	(Telephone)
(Contact Name)	
(Contact Name)	(Fax)
	(Email address)

Rev. September 26, 2007