

Aircraft Weight and Balance Revision Form

Date:

Aircraft
Tail No:
Make:
Model:
Serial:
Time:
TCD No:

Registered Owner
Name:
Address:

Weight	CG Range
Maximum Weight:	FWD: AFT:

As Received			
Previous Weight & Balance Date :			
Empty Weight:	Useful Load:	Empty Weight CG:	Moment:



Item	Weight	Arm	Moment

New			
Empty Weight:	Useful Load:	Empty Weight CG:	Moment:

Notes:

As Calculated
As Weighed

Prepared By:



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801-550-5676

Signature: _____

Printed Name:

CRS#: JN1R0210