

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 |
|------|--------|-----|--------|
| | | | 0.00 |
| | | | 0.00 |
| | | | 0.00 |
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| | | | 0.00 |
| | | | 0.00 |

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

| |
|--------|
| Notes: |
|--------|

As Calculated ☒

As Weighed ☐

Prepared By:

Signature:

Printed Name:

Repair Agency No: