

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:

Signature: _____

Printed Name:

Repair Agency License No: