

Aircraft Weight and Balance Revision

Tail Number:			Date:		
Prepared by:			Work Order No:		
			Type Certificate Data No:		
Aircraft Make:	Model:	Serial No:	Time:		
Registered Owner:		Address:			
Maximum Weight		CG Range		FWD	AFT
As Received; Date of Previous Weight and Balance:		Useful Load:	EW:	EWCG:	Moment:
Notes:					
			Weight	Arm	Moment
As Calculated	Moment		New Empty Weight CG		New Useful Load
As Weighed	_____				
	Weight		Signature		
			Repair Agency or License No:		