



CIVIL AVIATION AUTHORITY OF THE PHILIPPINES
Operations and Rescue Coordination Center

406 MHz BEACON REGISTRATION FORM

Beacon Information (ELT, PLB)

Type of Registration:

- New
 Single Registration
 Multiple Registration
 (Please fill out form ORCC-406REG-2014-01)
- Renewal
 Replacement
 (If replacement of a previously installed beacon.
 Please enter old beacon ID: _____)
- Change of beacon information or ownership

Beacon Hex ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(15 character ID provided by manufacturer)

Manufacturer : _____ Beacon Homing Device: _____
 Model Number: _____ Additional Beacon Information: _____
 C/S Type Approval Number : _____

Activation Method: Category 1 (Automatic or Manual)
 Category 2 (Manual only)

Owner/Operator Information

Name _____
 (Last, First, Middle Initial)

Address : _____

City : _____

State/Province: _____

Postal Code : _____

Country : _____

E-mail: _____
 (Please note: Email is the ONLY available method for IBRD User correspondence)

Telephone: (Please indicate home, work, mobile, or fax)

1. _____
2. _____
3. _____
4. _____

Aircraft Information

Type : _____
(Helicopter, Single/Multiple engine jet/propeller, others)

Aircraft Manufacturer : _____

Aircraft Model: _____

Aircraft Color : _____

Aircraft Operating Agency: _____

Seating Capacity: _____

Radio Equipment: (Check all that apply)

VHF MF HF

SSB Other

Survival Crafts/Equipment: (attach additional sheet if necessary)

Deployable: _____
(Describe and List Quantity)

Fixed: _____
(Describe and List Quantity)

Official Registration Number: _____

Aircraft 24 Bit Address: _____

Aircraft Nationality: _____
(three digit code from [ITU](#))

Additional Vehicle/Usage Information:

24 Hour Emergency Contact Information (Please indicate someone other than the owner)

Name of Primary 24-Hour Emergency Contact:

Address: _____

Telephone: (Please indicate home, work, mobile, or fax)

1. _____
2. _____
3. _____
4. _____

Name of Alternate 24-Hour Emergency Contact:

Address: _____

Telephone: (Please indicate home, work, mobile, or fax)

1. _____
2. _____
3. _____
4. _____