# PHILIPPINE 406MHZ ELT REGISTRATION FORM

<table>
<thead>
<tr>
<th>15 HEX ID (UNIQUE IDENTIFICATION NUMBER)</th>
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## 1. BEACON OWNER INFORMATION

**PURPOSE**
- [ ] New
- [ ] Renewal
- [ ] Revision

**STATUS (answer if revision only)**
- [ ] Sold
- [ ] Change of ownership
- [ ] Lost
- [ ] On lease
- [ ] Stolen

**NAME**

**ADDRESS**

**EMAIL ADDRESS**

**CONTACT NUMBER 1**
(Please mark)
- [ ] Cellular
- [ ] Fax
- [ ] Home
- [ ] Work
- [ ] Other

**CONTACT NUMBER 2**
(Please mark)
- [ ] Cellular
- [ ] Fax
- [ ] Home
- [ ] Work
- [ ] Other

**CONTACT NUMBER 3**
(Please mark)
- [ ] Cellular
- [ ] Fax
- [ ] Home
- [ ] Work
- [ ] Other

**CONTACT NUMBER 4**
(Please mark)
- [ ] Cellular
- [ ] Fax
- [ ] Home
- [ ] Work
- [ ] Other

MIA ROAD CORNER NINOY AQUINO AVENUE, PASAY CITY, PHILIPPINES 1300
TEL. (+632) 672-7705/caap.gov.ph
2. AIRCRAFT INFORMATION

AIRCRAFT TYPE

AIRCRAFT MANUFACTURER

AIRCRAFT MODEL

AIRCRAFT COLOR

AIRCRAFT OPERATOR

RADIO EQUIPMENT (PLEASE CHECK)

- [ ] HF
- [ ] VHF
- [ ] MF
- [ ] OTHER
- [ ] SSB

DEPLOYABLE SURVIVAL CRAFT/EQUIPMENT

FIXED SURVIVAL CRAFT/EQUIPMENT

AIRCRAFT OVERALL LENGTH (in feet)

AIRCRAFT CAPACITY

AIRCRAFT NATIONALITY

AIRCRAFT REGISTRATION NUMBER

AIRCRAFT 24-BIT ADDRESS

ADDITIONAL INFORMATION (INCLUDE AIRCRAFT PHOTO ON SEPARATE PAGE)
3. ELT INFORMATION

MANUFACTURER

MODEL

C-S TYPE APPROVAL

ACTIVATION METHOD (PLEASE CHECK)

[ ] NO DATA RECORDED

[ ] CATEGORY 1 (AUTOMATIC OR MANUAL)

[ ] CATEGORY 2 (MANUAL ONLY)

HOMING DEVICE (PLEASE CHECK)

[ ] 121.5MHZ

[ ] SART

[ ] OTHERS

ADDITIONAL BEACON INFORMATION (PLEASE INCLUDE PICTURE OF ELT)
# 4. 24-HOUR EMERGENCY CONTACT INFORMATION

| * Name of Primary 24-Hour Emergency Contact: |  |
| Address Line 1: |  |
| Address Line 2: |  |

| * Telephone: (Please Check) |  |
| Cellular | Fax | Home | Work | Other |

| Primary Phone No 2 (Please Check) |  |
| Cellular | Fax | Home | Work | Other |

| Primary Phone No 3 (Please Check) |  |
| Cellular | Fax | Home | Work | Other |

| Primary Phone No 4 (Please Check) |  |
| Cellular | Fax | Home | Work | Other |

| * Name of Alternate 24-Hour Emergency Contact: (Please fill up in the given boxes only) |  |
| Address Line 1: |  |
| Address Line 2: |  |

| Alternate Phone Number 1 (Please include country/area code, if necessary) |  |
| Cellular | Fax | Home | Work | Other |

| Alternate Phone Number 2 |  |
| Cellular | Fax | Home | Work | Other |

| Alternate Phone Number 3 |  |
| Cellular | Fax | Home | Work | Other |

| Alternate Phone Number 4 |  |
| Cellular | Fax | Home | Work | Other |