



**406MHZ EPIRB REGISTRATION FORM**

**15 HEX ID (UNIQUE IDENTIFICATION NUMBER)**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Serial Number:	
Cospas-Sarsat Type Approval	

**I. BEACON INFORMATION**

Manufacturer				
Model Name				
Beacon Status <i>*Please check one</i>	<input type="checkbox"/>	Active	<input type="checkbox"/>	Replaced
	<input type="checkbox"/>	Lost	<input type="checkbox"/>	Sold
	<input type="checkbox"/>	Out of Service/Destroyed	<input type="checkbox"/>	Stolen
	<input type="checkbox"/>	Release to Maintenance	<input type="checkbox"/>	UIN Cancelled
Special Status Information				
Beacon Homing Device <i>*Please check one</i>	<input type="checkbox"/>	121.5MHz		
	<input type="checkbox"/>	None		
	<input type="checkbox"/>	Search and Rescue Transponder (SART)		
	<input type="checkbox"/>	Other (Specify)		
Activation Code <i>*Please check one</i>	<input type="checkbox"/>	Category 1 (automatic or manual)		
	<input type="checkbox"/>	Category 2 (manual only)		
Additional Beacon Information				

*\* Kindly e-mail filled out application form to [parcc@caap.gov.ph](mailto:parcc@caap.gov.ph) or [caaphil.rcc@gmail.com](mailto:caaphil.rcc@gmail.com)*



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II. BEACON OWNER DETAILS

Beacon Owner Name				
Address (Street Name or P.O. Box)				
City				
Province				
Zip Code				
E-mail Address				
Beacon Owner Phone Number #1				
Beacon Owner Phone Number Type <i>*Please check one</i>	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Fax
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Others
	<input type="checkbox"/>	Work	<input type="checkbox"/>	
Beacon Owner Phone Number #2				
Beacon Owner Phone Number Type <i>*Please check one</i>	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Fax
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Others
	<input type="checkbox"/>	Work	<input type="checkbox"/>	
Other Beacon Owner's Information That May Be Useful For Search And Rescue Operations (Ex. Medical Information)				

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III. EMERGENCY CONTACT DETAILS

A. PRIMARY EMERGENCY CONTACT

24-Hour Emergency Contact Name				
24-Hour Emergency Contact Address				
24-Hour Emergency Contact Phone Number #1				
24-Hour Emergency Contact Phone Number #1 Type <i>*Please check one</i>	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Fax
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Others
	<input type="checkbox"/>	Work		
24-Hour Emergency Contact Phone Number #2				
24-Hour Emergency Contact Phone Number #2 Type <i>*Please check one</i>	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Fax
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Others
	<input type="checkbox"/>	Work		
24-Hour Emergency Contact Phone Number #3				
24-Hour Emergency Contact Phone Number #3 Type <i>*Please check one</i>	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Fax
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Others
	<input type="checkbox"/>	Work		

B. ALTERNATE EMERGENCY CONTACT

Alternate 24-Hour Emergency Contact Name				
Alternate 24-Hour Emergency Contact Address				
Alternate 24-Hour Emergency Contact Phone Number #1				
Alternate 24-Hour Emergency Contact Phone Number #1 Type <i>*Please check one</i>	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Fax
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Others
	<input type="checkbox"/>	Work		
Alternate 24-Hour Emergency Contact Phone Number #2				
Alternate 24-Hour Emergency Contact Phone Number #2 Type <i>*Please check one</i>	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Fax
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Others
	<input type="checkbox"/>	Work		
Alternate 24-Hour Emergency Contact Phone Number #3				
Alternate 24-Hour Emergency Contact Phone Number #3 Type <i>*Please check one</i>	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Fax
	<input type="checkbox"/>	Home	<input type="checkbox"/>	Others
	<input type="checkbox"/>	Work		

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III. VEHICLE INFORMATION

Vehicle Type <i>*Please check one</i>	<input type="checkbox"/>	NON-POWER Life Boat	<input type="checkbox"/>	NON-POWER Life Raft	
	<input type="checkbox"/>	NON-POWER Other	<input type="checkbox"/>	POWER Cargo	
	<input type="checkbox"/>	POWER Fishing	<input type="checkbox"/>	POWER Other	
	<input type="checkbox"/>	POWER Pleasure Craft	<input type="checkbox"/>	POWER Tanker	
	<input type="checkbox"/>	POWER Tug	<input type="checkbox"/>	SAIL	
	<input type="checkbox"/>	POWER Offshore	<input type="checkbox"/>	NON-POWER Offshore	
Vehicle Registration Number					
Vessel Name					
Vessel Model					
Radio Call Sign			Radio Call Sign (decoded)		
MMSI Number			MMSI Number (decoded)		
Home Port					
Vessel Color					
Number of Life Boats					
Number of Life Rafts					
Radio Equipment <i>*Please check one</i>	<input type="checkbox"/>	HF	<input type="checkbox"/>	SSB	
	<input type="checkbox"/>	VHF	<input type="checkbox"/>	Other ( <i>Specify</i> ) _____	
	<input type="checkbox"/>	MF			
AIS Number					
INMARSAT					
Vessel Cellular					
Vessel Satellite Phone					
Length Overall ( <i>meters</i> )					
Capacity ( <i>crew and passengers</i> )					
Vehicle Nationality					
Equipped with Simplified Voyage Data Recorder		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Additional Vehicle/ Usage Information					
Aircraft Photo <i>(Front And Side View)</i>					

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