



406MHZ ELT 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 or 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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IV. AIRCRAFT INFORMATION

Aircraft Type <i>*Please check one</i>	<input type="checkbox"/>	Helicopter	<input type="checkbox"/>	Single Engine Jet
	<input type="checkbox"/>	Multiple Engine Jet	<input type="checkbox"/>	Single Engine Propeller
	<input type="checkbox"/>	Multiple Engine Propeller	<input type="checkbox"/>	Other (Specify) _____
Aircraft Registration Number				
Capacity <i>*(Crew and Passenger)</i>				
Aircraft 24 Bit Address				
Aircraft 24 Bit Address <i>*(Decoded)</i>				
Home ICAO Code				
Aircraft Manufacturer				
Aircraft Model				
Aircraft Color				
Aircraft Operating Agency				
Aircraft Operating Agency Phone Number				
Radio Equipment <i>*Please check one</i>	<input type="checkbox"/>	HF	<input type="checkbox"/>	SSB
	<input type="checkbox"/>	VHF	<input type="checkbox"/>	Other (Specify) _____
	<input type="checkbox"/>	MF	<input type="checkbox"/>	_____
Deployable Survival Craft/ Equipment				
Fixed Survival Craft/Equipment				
Maximum Endurance <i>(in hours)</i>				
Cruise Air Speed <i>(in knots)</i>				
Length Overall <i>(in meters)</i>				
Wing Span <i>(in meters)</i>				
Aircraft Nationality				
Additional Aircraft Information/ Usage Information				
Potential Hazards <i>(Additional information deemed appropriate or helpful to Search and Rescue personnel regarding general beacon usage)</i>				
Aircraft Photo <i>(Front And Side View)</i>				

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