

15 HEX ID (UNIQUE IDENTIFICATION NUMBER)

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

I. BEACON INFORMATION

|  |                          |                                      |                          |               |
|--|--------------------------|--------------------------------------|--------------------------|---------------|
| Manufacturer                                     |                          |                                      |                          |               |
| Model Name                                       |                          |                                      |                          |               |
| Beacon Status<br><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<br><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<br><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)

|  |                                |
|--|--------------------------------|
|  <div>Republic of the Philippines<br/>CIVIL AVIATION AUTHORITY OF THE PHILIPPINES</div> | 406MHZ EPIRB REGISTRATION FORM |
|--|--------------------------------|

II. BEACON OWNER DETAILS

|   |                          |        |                          |        |
|---|--------------------------|--------|--------------------------|--------|
| Beacon Owner Name   |                          |        |                          |        |
| Address<br>(Street Name or P.O. Box)  |                          |        |                          |        |
| City  |                          |        |                          |        |
| Province  |                          |        |                          |        |
| Zip Code  |                          |        |                          |        |
| E-mail Address  |                          |        |                          |        |
| Beacon Owner Phone Number #1  |                          |        |                          |        |
| Beacon Owner Phone Number Type<br><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<br><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<br>(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<br><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<br><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<br><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<br><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<br><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<br><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. VEHICLE INFORMATION

|  |                          |                           |                          |                          |
|--|--------------------------|---------------------------|--------------------------|--------------------------|
| Vehicle Type<br><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<br><i>*Please check one</i>    | <input type="checkbox"/> | HF                        | <input type="checkbox"/> | SSB                      |
|  | <input type="checkbox"/> | VHF                       | <input type="checkbox"/> | Other (Specify)<br>_____ |
|  | <input type="checkbox"/> | MF                        |                          |                          |
| AIS Number                                     |                          |                           |                          |                          |
| INMARSAT                                       |                          |                           |                          |                          |
| Vessel Cellular                                |                          |                           |                          |                          |
| Vessel Satellite Phone                         |                          |                           |                          |                          |
| Length Overall (meters)                        |                          |                           |                          |                          |
| Capacity (crew and passengers)                 |                          |                           |                          |                          |
| Vehicle Nationality                            |                          |                           |                          |                          |
| Equipped with Simplified Voyage Data Recorder  | <input type="checkbox"/> | YES                       | <input type="checkbox"/> | NO                       |
| Additional Vehicle/ Usage Information          |                          |                           |                          |                          |
| Aircraft Photo<br><i>(Front And Side View)</i> |                          |                           |                          |                          |

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