

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 <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

 <div>Republic of the Philippines CIVIL AVIATION AUTHORITY OF THE PHILIPPINES</div>	406MHZ PLB REGISTRATION FORM
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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. VEHICLE INFORMATION

Vehicle Type <i>*Please check one</i>	<input type="checkbox"/>	Aircraft	<input type="checkbox"/>	Boat
	<input type="checkbox"/>	Helicopter	<input type="checkbox"/>	Land Vehicle
	<input type="checkbox"/>	None	<input type="checkbox"/>	Other (Specify)
Specific Usage <i>*Please check one</i>	<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Hiking
	<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Other (Specify)
Additional Vehicle/ Usage Information				

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