## **ELT Testing Form**

Aircraft Operator	
Aircraft Registration	
Country of Registration	
Aircraft Type	
Date, Start and End time of Testing	
Location in Latitude and Longitude	
Location via address	
Distress Beacon ID number (expressed in the form of an alphanumerical code of 15 hexadecimal characters)	
Frequencies Transmitted	
Contact Person	
Contact Number	
Alternate Contact Number	
Additional Remarks	

<sup>\*</sup> Kindly e-mail filled out application form to <a href="mailto:parcc@caap.gov.ph">parcc@caap.gov.ph</a> or <a href="mailto:caaphil.rcc@gmail.com">caaphil.rcc@gmail.com</a>