



**Republic of the Philippines
CIVIL AVIATION AUTHORITY OF THE PHILIPPINES**

PHILIPPINE 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

1. BEACON OWNER INFORMATION

PURPOSE

New

 Renewal

 Revision

STATUS (answer if revision only)

Sold

 Change of ownership

 Lost
 On lease

 Stolen

NAME

ADDRESS

EMAIL ADDRESS

CONTACT NUMBER 1

(Please mark)

Cellular
 Fax
 Home
 Work
 Other

CONTACT NUMBER 2

(Please mark)

Cellular
 Fax
 Home
 Work
 Other

CONTACT NUMBER 3

(Please mark)

Cellular
 Fax
 Home
 Work
 Other

CONTACT NUMBER 4

(Please mark)

Cellular
 Fax
 Home
 Work
 Other



2. AIRCRAFT INFORMATION

AIRCRAFT TYPE

AIRCRAFT MANUFACTURER

AIRCRAFT MODEL

AIRCRAFT COLOR

AIRCRAFT OPERATOR

RADIO EQUIPMENT (PLEASE CHECK)

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

HF
MF
SSB

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

VHF
OTHER

DEPLOYABLE SURVIVAL CRAFT/EQUIPMENT

FIXED SURVIVAL CRAFT/EQUIPMENT

AIRCRAFT OVERALL LENGTH (in feet)

AIRCRAFT CAPACITY

AIRCRAFT NATIONALITY

AIRCRAFT REGISTRATION NUMBER

AIRCRAFT 24-BIT ADDRESS

ADDITIONAL INFORMATION (INCLUDE AIRCRAFT PHOTO ON SEPARATE PAGE)



3. ELT INFORMATION

MANUFACTURER

MODEL

C-S TYPE APPROVAL

ACTIVATION METHOD (PLEASE CHECK)

NO DATA RECORDED

CATEGORY 1 (AUTOMATIC OR MANUAL)

CATEGORY 2 (MANUAL ONLY)

HOMING DEVICE (PLEASE CHECK)

121.5MHZ

SART

OTHERS

ADDITIONAL BEACON INFORMATION

(PLEASE INCLUDE PICTURE OF ELT)



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4. 24-HOUR EMERGENCY CONTACT INFORMATION

* Name of Primary 24-Hour Emergency Contact:

Please fill up in the given boxes only

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Primary Contact Address Line 1:

--	--	--	--	--	--	--	--

Primary Contact Address Line 2:

--	--	--	--	--	--	--	--

* Telephone:

(Please Check)

<input type="checkbox"/>	Cellular	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Other

Primary Phone No 2

(Please Check)

<input type="checkbox"/>	Cellular	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Other

Primary Phone No 3

(Please Check)

<input type="checkbox"/>	Cellular	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Other

Primary Phone No 4

(Please Check)

<input type="checkbox"/>	Cellular	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Other

* Name of Alternate 24-Hour Emergency Contact:

(Please fill up in the given boxes only)

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Alternate Contact Address Line 1:

--	--	--	--	--	--	--	--

Alternate Contact Address Line 2:

--	--	--	--	--	--	--	--

(Please include country/area code, if necessary)

Alternate Phone Number 1

<input type="checkbox"/>	Cellular	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Other

Alternate Phone Number 2

<input type="checkbox"/>	Cellular	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Other

Alternate Phone Number 3

<input type="checkbox"/>	Cellular	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Other

Alternate Phone Number 4

<input type="checkbox"/>	Cellular	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Home	<input type="checkbox"/>	Work	<input type="checkbox"/>	Other