



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)



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

4. 24-HOUR EMERGENCY CONTACT INFORMATION

* Name of Primary 24-Hour Emergency Contact:
Please fill up in the given boxes only

Primary Contact Address Line 1:

Primary Contact Address Line 2:

* Telephone:
 (Please Check) Cellular Fax Home Work Other

Primary Phone No 2 (Please Check) Cellular Fax Home Work Other

Primary Phone No 3 (Please Check) Cellular Fax Home Work Other

Primary Phone No 4 (Please Check) Cellular Fax Home Work Other

* Name of Alternate 24-Hour Emergency Contact:
(Please fill up in the given boxes only)

Alternate Contact Address Line 1:

Alternate Contact Address Line 2:

(Please include country/area code, if necessary)

Alternate Phone Number 1
 Cellular Fax Home Work Other

Alternate Phone Number 2
 Cellular Fax Home Work Other

Alternate Phone Number 3
 Cellular Fax Home Work Other

Alternate Phone Number 4
 Cellular Fax Home Work Other