

APPLICATION FOR 406 MHz ELT REGISTRATION

ELT Information

Beacon ID (Unique Identifier Number)

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(15 digit character ID Provided by ELT manufacturer)

ELT Manufacturer _____ Model No. _____ Serial No. _____

ELT Registration

- | | |
|--|---|
| <input type="checkbox"/> New ELT Registration | <input type="checkbox"/> Replacement of ELT decal |
| <input type="checkbox"/> Renewal of ELT Registration | <input type="checkbox"/> Replacement of ELT decal |
| <input type="checkbox"/> Change of ELT Information or Ownership <input type="checkbox"/> Please enter the old ELT unique ID number _____ | |

Owner/Operator Information

Name _____ E-mail _____
(Last, First, Middle Initial)

Mailing Address _____ () _____ Telephone _____
Area Code Home Work Cellular Fax Other

_____ () _____ Home Work Cellular Fax Other
Area Code

City _____ State/Province _____ () _____ Home Work Cellular Fax Other
Area Code

Postal Code _____ Country _____ () _____ Home Work Cellular Fax Other
Area Code

Aircraft Information

<p>Registration Mark _____</p> <p>Usage</p> <p><input type="checkbox"/> Commercial <input type="checkbox"/> Non-commercial</p> <p><input type="checkbox"/> Government Military <input type="checkbox"/> Government Non-military</p> <p>Type</p> <p><input type="checkbox"/> Single-engine Propeller <input type="checkbox"/> Single-engine Jet <input type="checkbox"/> Multi-engine Propeller</p> <p><input type="checkbox"/> Multi-engine Jet <input type="checkbox"/> Helicopter <input type="checkbox"/> Other _____</p> <p>Aircraft Manufacturer _____</p> <p>Model _____ Color _____</p> <p>Seating Capacity _____</p> <p>Radio Equipment (Check all that apply)</p> <p><input type="checkbox"/> VHF <input type="checkbox"/> MF <input type="checkbox"/> HF <input type="checkbox"/> SSB <input type="checkbox"/> Other _____</p>	<p>Survival Equipment</p> <p>Deployable _____ <small>Describe and List Quantity</small></p> <p>Fixed _____ <small>Describe and List Quantity</small></p> <p>Principal Aerodrome _____</p> <p>Additional Data _____</p>
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Emergency Contact Information (Please indicate someone other than the owner)

<p>Name of Primary 24-Hour Emergency Contact: _____</p> <p>Telephone</p> <p>() _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular <input type="checkbox"/> Fax <input type="checkbox"/> Other <small>Area Code</small></p> <p>() _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular <input type="checkbox"/> Fax <input type="checkbox"/> Other <small>Area Code</small></p> <p>() _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular <input type="checkbox"/> Fax <input type="checkbox"/> Other <small>Area Code</small></p> <p>() _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular <input type="checkbox"/> Fax <input type="checkbox"/> Other <small>Area Code</small></p>	<p>Name of Alternate 24-Hour Emergency Contact: _____</p> <p>Telephone</p> <p>() _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular <input type="checkbox"/> Fax <input type="checkbox"/> Other <small>Area Code</small></p> <p>() _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular <input type="checkbox"/> Fax <input type="checkbox"/> Other <small>Area Code</small></p> <p>() _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular <input type="checkbox"/> Fax <input type="checkbox"/> Other <small>Area Code</small></p> <p>() _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular <input type="checkbox"/> Fax <input type="checkbox"/> Other <small>Area Code</small></p>
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Signature _____ Date _____