



406 MHZ ELT REGISTRATION FORM

To be sent to Airworthiness Department at e-mail: dca.lwr@dca.gov.aw

A. DETAILS OF AIRCRAFT:				
1. Registration Mark: P4- _____		2. Aircraft Manufacturer: _____		
3. Model: _____		4. Serial No.: _____		
5. Aircraft Color: _____		6. Seating Capacity: _____		
7. Usage: <input type="checkbox"/> General <input type="checkbox"/> Aviation <input type="checkbox"/> VIP <input type="checkbox"/> Commercial <input type="checkbox"/> Cargo <input type="checkbox"/> Other: _____				
8. Radio Equipment: <input type="checkbox"/> VHF <input type="checkbox"/> HF <input type="checkbox"/> ATC Transponder <input type="checkbox"/> SELCAL <input type="checkbox"/> Other: _____				
9. ICAO 24 bid mode S code in Hexadecimal: _____				
10. Aircraft Base of Operation: _____				
B. DETAILS OF OWNER:				
Name: _____				
Address: _____				
Tel: _____ Mobile: _____ Email: _____				
Operator: _____				
C. DETAILS OF ELT INSTALLED:				
<i>(tick if installed)</i>	Manufacturer:	Model:	S/N:	Enter the 15 digit Unique Identifier Number:
<input type="checkbox"/> Fixed ELT				
<input type="checkbox"/> Survival ELT #1				
<input type="checkbox"/> Survival ELT #2				
<input type="checkbox"/> Survival ELT #3				
<input type="checkbox"/> Survival ELT #4				
D. EMERGENCY CONTACT INFORMATION (please indicate someone other than the owner)				
Primary 24-Hour Emergency Contact Person				
Name: _____				
Tel: _____ Mobile: _____ Email: _____				
Secondary 24-Hour Emergency Contact Person				
Name: _____				
Tel: _____ Mobile: _____ Email: _____				
Additional Data: _____				
E. CERTIFICATION:				
I hereby certify that:				
		a. I represent the nominated operator of the aircraft described above.		
		b. The above-submitted information is accurate and correct.		
_____		_____		
Date (day/month/year)		Name of applicant		
_____		_____		
Company		Signature of applicant		