

# ON-AIR ELT TEST FORM



Activation Details					
Operator:			Aircraft registration:		
Phone:			Email:		
Proposed Date:		Start Time (UTC):		Duration (hh:mm):	
Location:		Latitude:		Longitude:	
Additional activation information (attach separate page if more space is required):					
Complete the following for each ELT beacon					
15 HEX ID	Type	Manufacturer	Model	Frequency	Test Coded (Y/N)

**Name :**

**Date :**

**NB:** Email to: [kenyasar@kcaa.or.ke](mailto:kenyasar@kcaa.or.ke) at least one (1) working day before test.