

ELT-REGISTRATION FORM

ELT Registration																							
Beacon ID (Unique Identifier Number-15digit character ID provided by ELT manufacturer)																							
ELT Manufacturer _____ Model No. _____																							
ELT Registration																							
New Registration						Replacement of ELT Decal																	
Renewal of ELT Registration						Check here if this ELT is a replacement for a registered ELT																	
Change of ELT Information or Ownership						Please enter the old ELT Unique ID number _____																	
Owner / Operator information																							
Name <i>(Last, First, Middle Initial)</i>				E-mail																			
Mailing Address				Telephone:(include code)																			
				indicate			Home		Work		Cell		Fax		Other								
City		State		Telephone :(include code)																			
				indicate			Home		Work		Cell		Fax		Other								
(Postal code)		Country		Telephone:(include code)																			
				Indicate			Home		Work		Cell.		Fax		Other								
Aircraft information																							
Registration No.				Survival Equipment																			
Usage				Deployable			<i>(Describe and list quantity)</i>																
Commercial		Non-Commercial		Fixed			<i>(Describe and list quantity)</i>																
Government Military		Government Non- Military																					
Type				Principal Airport :																			
Single-engine Propeller		Single-Engine Jet		City			Country / State																
Multi -Engine Jet		Helicopter		Additional Data																			
Other		_____		_____																			
Aircraft Manufacturer				_____																			
Model		Color		_____																			
Seating Capacity		Radio Equipment (check all that apply)																					
				VHF		MF		HF		SSB		OTHER		_____									
Emergency contact information (please indicate someone other than the owner)																							
Name of primary 24Hr. Emergency contact:						Name of Alternate 24 Hr. Emergency Contact:																	
(1)Telephone: (Include code)						(1) Telephone: (Include code)																	
Indicate		Home		Work		Cell.		Fax		Other		Indicate		Home		Work		Cell.		Fax		Other	
(2) Telephone:						(2) Telephone																	
Indicate		Home		Work		Cell		Fax		Other		Indicate		Home		Work		Cell.		Fax		Other	
Signature						Date																	