

## 406 MHZ ELT REGISTRATION FORM

To be sent to Airworthiness Department at e-mail: [dca.lwr@dca.gov.aw](mailto: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:  General  Aviation  VIP  Commercial  Cargo  Other: \_\_\_\_\_  
 8. Radio Equipment:  VHF  HF  ATC Transponder  SELCAL  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>	<b>Manufacturer:</b>	Model:	S/N:	Enter the <b>15 digit</b> Unique Identifier Number:
<input type="checkbox"/> <b>Fixed ELT</b>				
<input type="checkbox"/> <b>Survival ELT #1</b>				
<input type="checkbox"/> <b>Survival ELT #2</b>				
<input type="checkbox"/> <b>Survival ELT #3</b>				
<input type="checkbox"/> <b>Survival ELT #4</b>				

### 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