




406 MHZ ELT REGISTRATION FORM

INS-16.008

To be sent to PMI DCA Aruba Eng. Ch.G. Dammers, Fax: **(297) 582-3038** or e-mail: **dca@aruba.gov.aw**

 Department of Civil Aviation ARUBA	1. Enter the 15 digit Unique identifier Number provided by ELT manufacturer <table border="1" style="width:100%; text-align:center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td> </tr> </table>															1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15															
Check the appropriate box: <input type="checkbox"/> New ELT Registration <input type="checkbox"/> Renewal of ELT decal <input type="checkbox"/> Change of ELT Information or Ownership							2. Registration Mark: <div style="text-align:center; font-size:24pt;">P4-</div>																							
3. ICAO 24 bid mode S code (in Hexadecimal) <table border="1" style="width:100%; text-align:center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> </table>															1	2	3	4	5	6										
1	2	3	4	5	6																									

EPIRB Information																	
4. ELT Manufacturer:																	
5. Model No.:																	
Owner Information																	
6. Surname:		Given names:															
7. Operator:																	
8. Mailing Address:																	
City:	State:	Postal Code:															
9. Country:																	
10. Tel (home):	Mobile:	Tel (work):															
Aircraft Information																	
11. 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:																	
12. Aircraft Manufacturer:		13. Model:															
14. Color:		15. Seating Capacity:															
16. Radio Equipment: <input type="checkbox"/> VHF <input type="checkbox"/> HF <input type="checkbox"/> ATC Transponder <input type="checkbox"/> SELCAL <input type="checkbox"/> Other:																	
17. Base of Operation:																	
18. Additional Data:																	
Emergency Contact Information (please indicate someone other than the owner);																	
Primary 24-Hour Emergency Contact Person																	
19. Surname:		Given names:															
20. Tel (home):	Mobile:	Tel (work):															
Secondary 24-Hour Emergency Contact Person																	
21. Surname:		Given names:															
22. Tel (home):	Mobile:	Tel (work):															
<input type="checkbox"/> Check here if this ELT is a Replacement for a previously registered ELT Enter the old ELT unique identifier number:																	
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			

Name:.....

Position:

Signature:.....

