



Department of Civil
Aviation Aruba

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: 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>	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