

406MHz COSPAS-SARSAT DISTRESS BEACON REGISTRATION CARD

1- BEACON DATA: (please tick ✓) ☐ - New Beacon Registration; ☐ - Change Beacon Registration; ☐ - Change of Owner Ownership; 🗖 - Change Other Information (Aircraft Name, Aircraft Nationality Registration Marks, Aircraft Operator); Make of Beacon: Model/Serial nr: Model/Serial nr: Cospas-Sarsat Type Approval Number. Address of Manufacturer, Retailer or Agent: BEACON IDENTIFICATION CODE 15 CHARACTER HEXADECIMALMUST BE PROVIDED BELOW 12 15 2- USER DATA (Owner or Ownership): Name: Address: Telephone: Fax: Telex: E-mail: **3- EMERGENCY CONTACTS:** Name: Name: Telephone (work): Telephone (work): Telephone (home): Telephone (home): Cellphone: Cellphone: Fax: Fax: 4- DETAILS OF AIRCRAFT: -Aircraft Name: _ _____ -**Propulsion:** (please tick ✓) -Aircraft Make/Type: _ _____ Motor □, Jet □, Propeller □, Turbine □, Reactor □ -Aircraft Nationality Registration Cards (Call Sign): -Motor Number. Specify: _ _ -Type: (please tick ✓) -Aircraft Operator: _ _____(3 letter code) Aircraft □, Helicopter □, Glider □, Motor Glider □, Airballoon □. -Registration Number/Office: _ _ **-Use:** (please tick ✓) -Aircraft Length:_ _____ ,Tonage: _ ____ Passengers \square , Cargo \square , Mixed \square , Governmental \square , Pleasure -Color of Aircraft: _ _____ Craft . -Home Airport: _ ____ -Communication/Navigation: (please tick ✓) -Max. Number of Persons on Board: ______ VHF □, UHF □, HF □, Satcom Voice □, Data □, VOR □, -Purchase Date: DME □, ADF □, Inertial Nav □, RNAV □, Glonass/GPS □. -Battery Expiry date: _ ____ -Satellite or other Mobile Phone used in the Aircraft: -Annualy test (G.switch/Antenna mounting):_____ -Place of ELT in a/c: 5- INSTRUCTIONS FOR USER: - An aviation ELT, please to fill-in Beacon identification code and sections 1, 2, 3 and 4; The 406MHz Cospas-Sarsat distress beacon you have purchased **must be registered** with an appropriate National Authority; After purchase, please complete this registration card and mail it to the address indicated below or inquire with appropriate national authority for registration; This card can also be used to notify change of Ownership or Owner and all the times that one verification is changed. Telephone: +30 2108916420, +30 2108916340 **Hellenic Civil Aviation Authority** Fax: +30 2108949098 ANS Regulatory Division / Telecomm. Services Section Vas. Georgiou 1 e-mail: d4d@hcaa.gr 16604 Hellinicon - Athens Signature: Date: I AUTHORISE THE RCC/MCC AND HCAA TO TREAT MY PERSONAL DATA FOR SEARCH AND RESCUE PURPOSES. _____ Signature: ___