TELECOMMUNICATIONS REGULATORY COMMISSION OF SRI LANKA

ELT Registration From

ELT Information

**** Beacon ID (Unique Identifier)***

(15 character ID provide by manufacturer)

Manufacturer ……

Model Number ……

CS Type Approval Number ……

Activation Method ☐*Category 1(Automatic or Manual)* ☐*Category 2(Manual only)*

Beacon Homing Device ☐*None* ☐*121.5 MHz* ☐*SART* ☐*Other* ……

Additional Beacon Information ……

Serial Number ……

Owner /Operator Information

****Name*** ……

(Last first middle initial)

Address ……

……

City ……

****Telephone***

Phone No. 1 : …… ☐*Work* ☐*Fax* ☐*Home* ☐*Cellular* ☐*Other* ……

Phone No. 2 : …… ☐*Work* ☐*Fax* ☐*Home* ☐*Cellular* ☐*Other* ……

Phone No. 3 : …… ☐*Work* ☐*Fax* ☐*Home* ☐*Cellular* ☐*Other* ……

Phone No. 4 : …… ☐*Work* ☐*Fax* ☐*Home* ☐*Cellular* ☐*Other* ……

Cell phone provider : ……

State/province ……

Country …… ***Postal Code*** ……

E. mail ……

(Please note: Email is the ONLY available method for IBRD user correspondence)

Aircraft Information

Usage ☐Commercial ☐Non-commercial ☐Government Military ☐Government Non-military

**** Vehicle Type***

☐Single-engine Propeller ☐Single-engine Jet

☐Multi-engine Propeller ☐Multi-engine Jet

☐Helicopter

☐Other ……

Radio Equipment *(Check all that apply)*

☐*HF* ☐*MF* ☐*SSB* ☐*VHF* ☐*Other*……

Aircraft 24 Bit Address ……

Length Overall …… ***Capacity***(Seating)……

(In meters/Yards) *(Crew and Passengers)*

**** Aircraft Manufacture***……

Aircraft Model…… ***Aircraft Color*** ……

Aircraft Operating Agency……

**** Vehicle Registration Number*** ……

Aircraft Nationality ……

(Three digit code from ITU)

Additional Vehicle/Usage Information ……

Survival Crafts /Equipment

Deployable ……

(Describe and List Quantity)

Fixed ……

(Describe and List Quantity)

24 hour Emergency Contact Information *(Please indicate someone other than the owner)*

****Name of Primary 24 Hour Emergency Contact :***

……

Primary Contact Address Line 1: ……

Primary Contact Address Line 2: ……

Name of Alternate 24 Hour Emergency Contact :

……

Alternate Contact Address Line 1: ……

Alternate Contact Address Line 2: ……

****Primary Telephone***

Phone No. 1: …… ☐*Work* ☐*Fax* ☐*Home* ☐*Cellular* ☐*Other* ……

Phone No. 2: …… ☐*Work* ☐*Fax* ☐*Home* ☐*Cellular* ☐*Other* ……

Phone No. 3: …… ☐*Work* ☐*Fax* ☐*Home* ☐*Cellular* ☐*Other* ……

Phone No. 4: …… ☐*Work* ☐*Fax* ☐*Home* ☐*Cellular* ☐*Other* ……

****Alternate Telephone***

Phone No. 1: …… ☐*Work* ☐*Fax* ☐*Home* ☐*Cellular* ☐*Other* ……

Phone No. 2: …… ☐*Work* ☐*Fax* ☐*Home* ☐*Cellular* ☐*Other* ……

Phone No. 3: …… ☐*Work* ☐*Fax* ☐*Home* ☐*Cellular* ☐*Other* ……

Phone No. 4: …… ☐*Work* ☐*Fax* ☐*Home* ☐*Cellular* ☐*Other* ……

I declare that all the details given in this form are true and correct and I hereby undertake to inform TRCSL, immediately, of any changes to the details given in this form or any changes to the details given in this form or any documents submitted herewith.

Date : *Signature*

Seal : *Name :*

**** Essential Fields are marked with " * "***