



Save Time! Register your beacon online at: www.beaconregistration.noaa.gov

Mail or Fax to:
NOAA/SARSAT
NSOF, E/SP3
4231 Suitland Road
Suitland, MD 20746
Fax No. 301-817-4565

Official 406 MHz EPIRB Registration Form

EPIRB Information

Beacon ID (Unique Identifier Number)

15 digit character ID provided by EPIRB manufacturer

- Category I (Automatic Deployment)
- Category II (Manual Deployment)

EPIRB Manufacturer _____
 Model No. _____

EPIRB Registration

- New EPIRB Registration
- Renewal of EPIRB Registration
- Change of EPIRB Information or Ownership
- Replacement of EPIRB Decal
- Check here if this EPIRB is a replacement for a previously registered EPIRB. Please enter the old EPIRB unique ID number _____

Owner/Operator Information

Name _____
(Last, First, Middle Initial)

Mailing Address _____

City _____ State/Province _____

ZIP (Postal) Code _____ Country _____

E-mail _____

Telephone

() _____ Home Work Cellular Fax Other
Area Code

() _____ Home Work Cellular Fax Other
Area Code

() _____ Home Work Cellular Fax Other
Area Code

() _____ Home Work Cellular Fax Other
Area Code

Vessel Information

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

Type

Sail: Number of Masts _____

Power: Fishing Tug Cargo Tanker Pleasure Craft
 Other _____

Non-power: Life Boat Life Raft Other _____

Vessel Name _____

Vessel Color _____

Survival Craft(s) on Vessel: Life Boat _____ Life Raft _____
No. of No. of

Is your EPIRB equipped with a Simplified Voyage Data Recorder (SVDR)? Yes No

Radio Equipment (Check all that apply)
 VHF MF HF SSB Other _____

Vessel Telephone Numbers

Radio Call Sign _____ INMARSAT _____

Cellular _____ MMSI Number _____

Federal / State Registration Number _____

Length Overall (ft) _____ Capacity _____
Crew and Passengers

Homeport _____
Marina/Dock

City _____ State _____

Additional Data _____

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

Name of Primary 24-Hour Emergency Contact: _____

Name of Alternate 24-Hour Emergency Contact: _____

Telephone

() _____ Home Work Cellular Fax Other
Area Code

() _____ Home Work Cellular Fax Other
Area Code

() _____ Home Work Cellular Fax Other
Area Code

() _____ Home Work Cellular Fax Other
Area Code

Telephone

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Area Code

Signature _____

Date _____