



Instructions for filling out the signup form for Emergency Position-Indicating Radio Beacon (EPIRB)

1. Emergency Position Indicating Beacon (EPIRB) Information

EPIRB ID (Unique Identification Number): Enter the 15 character hexadecimal identification number assigned by the supplier or manufacturer of the EPIRB.

Supplier (Name, Address, Phone): Enter the full name, address and telephone number of suppliers (vendors) who put your EPIRB on Croatian market.

EPIRB Manufacturer: Enter the full name of the EPIRB manufacturer.

EPIRB model and type: Enter the full name of the EPIRB model and type.

EPIRB Serial number: Enter the serial number of the EPIRB.

Category I: Tick box if it's self-activating EPIRB device.

Category II: Tick box if it's manual activation of EPIRB device.

2. EPIRB Registration.

New Registration: Tick this box to indicate if it is a new registration.

EPIRB checkout: Tick this box to indicate EPIRB checkout.

Change of EPIRB information or ownership: Tick this box if change of EPIRB information or ownership occurred from the last successful EPIRB registration.

Registration Renewal: Tick this box if it is a regular two-year renewal of registration data.

Replacement for a previously registered EPIRB / Check here if is a replacement for a previously registered EPIRB: Tick this box if you are replacing previously registered EPIRB.

Please enter the old EPIRB unique ID number: Enter old unique ID number of previously registered EPIRB.

3. Owner/ User Information

Name: Enter full Name of EPIRB owner/user (person, company, government agency etc.).

Mailing Address: Enter full Address where owner/user of EPIRB lives or resides.

City: City.

Postal Code: Enter appropriate postal code of the Address.

Country: Country.

E-mail: Owner/user e-mail address where all correspondence pertaining to the EPIRB should be sent.

Home Phone No.: Enter full Home telephone number of EPIRB owner/user, including Country and City Codes.

Work Phone No.: Enter full Work telephone number of EPIRB owner/user, including Country and City Codes.

Cellular: Enter full Cellular phone number of EPIRB owner/user, including Country and Mobile Network Operator Codes.

Fax: Enter full Telefax number of EPIRB owner/user, including Country and City Codes.

Other: Enter any other contact number for contacting EPIRB owner/user in a case of distress (additional Cellular phone number, Satellite phone number, radio station Call Sign etc.).



4. Vessel information

Radio Call Sign: Enter the call sign of the vessel.

INMARSAT: Enter the Inmarsat details - the global broadband network of vessel.

Cellular: Enter Cellular phone number, including Country and Mobile Network Operator Codes.

MMSI Number: Enter the MMSI number of vessel.

Vessel's national ID: Enter unique national ID of the vessel.

Homeport: Enter the homeport of the vessel.

Usage: Tick box that indicates usage of vessel.

Sail / number of masts: Enter the number of masts if vessel is sail.

Power: Tick box that indicates type of power vessel.

Non - power: Tick box that indicates type of non – power vessel.

Name of vessel: Enter the name of the vessel.

Vessel Color: Enter the color of vessel.

Lenght Overall: Enter the overall lenght of vessel in metres.

Capacity (crew and passengers): Enter the crew and passengers total capacity of vessel.

Survival Craft(s) on Vessel: Enter the number of life boats / life rafts on the vessel.

Is your EPIRB equipped with a Simplified Voyage Data Recorder (SVDR): Tick yes/no box that indicates if your EPIRB is equipped with a Simplified Voyage Data Recorder (SVDR).

Radio Equipment: Tick all that apply.

Additional Data: Very important: state all additional information deemed appropriate or helpful to Search and Rescue services. (State for example: additional communication equipment (contact numbers) available in a case of distress etc.).

5. Emergency Contact Information

Name of Primary 24-Hour Emergency Contact: Enter full Name of person to contact (other than owner/user) in event of detection of EPIRB activation.

Address: Enter full address where Primary 24-Hour Emergency Contact lives, including City and Postal code.

Home Phone No.: Enter full Home telephone number of Primary 24-Hour Emergency Contact, including Country and City Codes.

Work Phone No.: Enter full Work telephone number of Primary 24-Hour Emergency Contact, including Country and City Codes.

Cellular: Enter full Cellular phone number of Primary 24-Hour Emergency Contact, including Country and Mobile Network Operator Codes.

Fax: Enter full telefax number of Primary 24-Hour Emergency Contact, including Country and City Codes.

Other: Enter any other number for contacting Primary 24-Hour Emergency Contact in a case of distress (*e-mail*, additional Cellular phone number, Satellite phone number etc.).

Name of Alternate 24-Hour Emergency Contact: Enter full Name of alternate person to contact (other than owner/user) in event of detection of EPIRB activation if Primary contact unavailable.

Address: Enter full address where Alternate 24-Hour Emergency Contact lives, including City and Postal code.

Home Phone No.: Enter full Home telephone number of Alternate 24-Hour Emergency Contact, including Country and City Codes.

Work Phone No.: Enter full Work telephone number of Alternate 24-Hour Emergency Contact, including Country and City Codes.



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MARITIME SAFETY DIRECTORATE

Cellular: Enter full Cellular phone number of Alternate 24-Hour Emergency Contact, including Country and Mobile Network Operator Codes.

Fax: Enter full telefax number of Primary 24-Hour Emergency Contact, including Country and City Codes.

Other: Enter any other number for contacting Alternate 24-Hour Emergency Contact in a case of distress (*e-mail*, additional Cellular phone number, Satellite phone number etc.).

Name & Signature: Enter full name of the applicant who filled up this EPIRB Registration Form, with Signature.

Date: Enter accurate date of filling the Form.