



## Instructions for Personal Locator Beacon (PLB) Registration Form Fill Up

### 1. PLB Information

**PLB ID (Unique Identifier Number):** Enter 15 character hexadecimal PLB identification code provided by supplier or manufacturer.

**Supplier (Name, Address, Phone):** Enter full name, address and phone number of supplier who put Your PLB on Croatian market.

**PLB Manufacturer:** Enter full Name of Company that manufactured PLB.

**Model and Type:** Enter manufacturer's PLB Model and Type.

**Serial Number:** Enter PLB Serial Number.

**C-S Type Approval Number:** Enter type approval number assigned by Cospas-Sarsat for this PLB manufacturer and model.

**Beacon Homing Device:** Indicate type of homing signal or device used by the PLB (*Tick appropriate box*). If Other, state what.

### 2. PLB Registration

**New PLB Registration:** Tick this box if this is new PLB registration.

**Change of PLB Information or Ownership:** Tick this box if change of PLB information or **ownership** occurred from the last successful PLB registration.

**Renewal of PLB Registration:** Tick this box if this is a regular 2-year renewal of PLB registration information.

**Check here if this PLB is a replacement for a previously registered PLB. Please enter the old PLB unique ID number:** Tick this box as appropriate and enter the old PLB unique ID number.

### 3. Owner/ User Information

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

**Mailing Address:** Enter full Address where owner/user of PLB 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 PLB should be sent.

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

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

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

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

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

### 4. General Use Data

**Usage:** Tick appropriate box indicating PLB usage. Select between commercial, non-commercial, military and government usage.



**Specific Usage:** Tick appropriate box indicating specific PLB usage. Select between hiking, hunting, fishing, or state some other specific usage next to Other.

**Type:** Tick appropriate box indicating Type of vehicle in which PLB will typically be used. Select between land vehicle, boat or aircraft. If PLB will primarily be carried by a person, then indicate None, and if Other is selected enter a description of the vehicle next to Other.

**Additional Data:** Very important: state all additional information deemed appropriate or helpful to Search and Rescue services. (State for example: color of land vehicle and it's registration plate code/ call sign, MMSI number and number of persons on board/ aircraft registration code and home base; further, additional communication equipment (contact numbers) available in a case of distress etc.).

Especially, it's recommended to state brief travel plan with relevant information on, for example, duration of voyage, place of departure and destination, health condition of person etc., and it is very advisable to update this information with MRCC Rijeka every time you intend to use PLB. If you loan your PLB to someone else, or if it is used on another vehicle than stated, it is very advisable to notify MRCC Rijeka.

## **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 PLB 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.

**Other:** Enter any other number for contacting Primary 24-Hour Emergency Contact in a case of distress (telefax number, *e-mail*, additional Cellular phone number, Satellite phone number, radio station Call Sign 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 PLB 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.

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

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

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

**Date:** Enter accurate date of filling this Form.