



## 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.



**REPUBLIC OF CROATIA  
MINISTRY OF THE SEA, TRANSPORT AND INFRASTRUCTURE  
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.