

ELT MISSION REPORT FORM

MISSION NUMBER: _____

DATE: _____

AIRCREW INFORMATION:

GROUND TEAM INFORMATION

AIRCRAFT CALL SIGN: CPF _____

VEHICLE CALL SIGN: YB _____

PILOT: _____ CAP ID #: _____

GTL: _____ CAP ID #: _____

OBSERVER: _____ CAP ID #: _____

GTM: _____ CAP ID #: _____

SCANNER: _____ CAP ID #: _____

GTM: _____ CAP ID #: _____

GTM: _____ CAP ID #: _____

INCIDENT COMMANDER: _____

GTM: _____ CAP ID #: _____

IC'S PHONE NUMBER: _____

GTM: _____ CAP ID #: _____

SATELLITE INFORMATION

AIRBORNE INFORMATION

TIME:	LAT:	LONG:

TIME	LOCATION

LOCATION OF 'FOUND' ELT

ELT OWNER'S INFORMATION

IF IN AIRCRAFT:

Type/Model of Aircraft	Color	Tail Number
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Name: _____
 Street Address: _____
 City/State/Zip: _____
 Phone Number: _____

IF **NOT** IN AIRCRAFT: [Garage/House/Car/Hangar/Etc.]

GPS COORDINATES:

N X W

PHYSICAL ADDRESS OF 'FIND' :

*Name of Business _____
 Street _____
 City/State/Zip _____

* Or name of property owner/renter/etc.

TIMES:

1st Heard _____ L or Z
 Found _____ L or Z
 Shut Off _____ L or Z
 Shut Off By: _____

ELT INFORMATION

Manufacturer:	Model:	Serial Number:
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Battery Expiration Date:	Reason for ELT's Activation [if known]:
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NOTES: