SELCAL APPLICATION FORM

Please supply the following information when requesting a SELCAL Code:

Name of Company _____________________________________________________

Address ________________________________________________________________

City _________________________  State________________  Zip Code_____________

Name of Contact _________________________________________________________

Telephone _________________  Fax:_______________  ADNS/SITA:_____________

Number of SELCAL Codes Requested _______________________________________

Registration/Tail  Number _____________

SELCAL CODE WILL BE USED WITH ( ) HF or ( ) VHF COMMUNICATIONS
(PLEASE CHECK THE APPROPRIATE BOX AS IT APPLIES TO YOU)

Area of Operation (Please check below):

Type of Code: ( ) 12-Tone (Note: Not available for worldwide assignment)
( ) 16-Tone
   (NOTE: If you cannot select letters P, Q, R, or S, you have an older model 12-tone
   SELCAL unit.)

   ( ) Africa (AF)   ( ) Mediterranean (MT)   ( ) South Africa (SF)
   ( ) Central America (CA)   ( ) North America (NA)   ( ) South Pacific (SP)
   ( ) Europe (EU)   ( ) North Africa (NF)   ( ) West Pacific (WP)
   ( ) Hawaii (HA)   ( ) South America (SA)
   ( ) Middle East (ME)   ( ) South East Asia (SE)

GENERAL INFORMATION

1. SELCAL codes do not transfer when an aircraft is sold. They remain with the original registrant
   for use only in the areas of registration.

2. SELCAL code utilization is verified annually. Please notify the SELCAL Registrar of any mailing
   address changes.