



Search and Rescue Satellite-Aided Tracking (SARSAT) Program

Instructions for completing Request for 406 MHz Beacon Test Form:

- Please review the SARSAT policy on non-distress transmissions prior to submitting your request; do not submit requests for types of tests not authorized by the policy.
- Complete relevant parts of the request form below (direct any questions on completing the form to the responsible NOAA, USAF or USCG POC via e-mail); ensure that the reason for the test and any expected distribution of resulting messages are clear.
- Use email to submit the request to the relevant agency - NOAA: beacon.test@noaa.gov, USAF: ACC.A8RR@langley.af.mil; USCG: HQS-DG-M-406-TEST-Request@uscg.mil). Questions regarding the policy and form can be directed to the same e-mail addresses.
- **The Requestor should complete the following information on the Beacon Test form.**
 - Appropriate contact information pertinent to section 1 of this form.
 - Reason for request should include enough information to fully justify using system resources for this effort.
 - Check the box relevant to distribution of the message. If message should be distributed, include fax number or name of RCC. Include RCC POC and appropriate telephone number. If there is another way the message should be distributed, please include information on the lines provided.
 - Under “Activation Details”, include:
 - Name, email, and phone number of the on-site coordinator. The on-site coordinator would be expected to be reachable during the proposed test period and should be familiar with all details of the test.
 - The proposed start time and date of the activation along with the duration and location of the activation.
 - The hours and minutes of the duration of activation.
 - The latitude and longitude pertaining to the location of the activation. The latitude and longitude should be in ddd mm.m format.
 - In the chart provided, please include the information pertaining to the beacon being tested. This includes: beacon ID, beacon type, manufacturer, model, and frequency. Also include Y or N if the beacon is test coded.
 - **Once the form has been completed, it should be submitted to the appropriate Agency (USAF, USCG or NOAA) for consideration.**



Request for 406 MHz Emergency Beacon Test

Requesting Agency/Organization: _____
 Requestor Name: _____
 E-mail: _____
 Telephone: _____
 Date Submitted: _____

Reason for Request:

Should alert message be distributed? Yes No

If yes, distribute alert via (choose one of the following):

(Fax) _____
Fax Number

(Normal Distribution Methods) to _____ RCC.
Name of RCC

RCC POC: _____ Telephone: _____

(Other, please explain):

Activation Details:

On-Site Coordinator: _____
Name Email Phone Number

Proposed Date/Start Time (UTC): _____

Duration of Activation: _____ HH / _____ MM

Location: _____ Latitude: _____ Longitude: _____
ddd mm.m ddd mm.m

BEACON ID (15 HEX ID)	BEACON TYPE	MANUFACTURER	MODEL	FREQUENCY	TEST CODED? (Y or N)

Agency Validation

Reviewed by: _____
Name Email Phone Number

- This request has been reviewed and forwarded to NOAA for approval and requestor has been notified
- This request has been reviewed and has been rejected and requestor has been notified

NOAA Coordination and Approval

Type of Testing: Testing Exercise Training

USMCC Chief Recommendation: APPROVE DENY

DATE: _____

USMCC System Manager Decision: APPROVED DENIED

DATE: _____

Sign: _____ DATE: _____
Chief United States Mission Control Center

Sign: _____ DATE: _____
USMCC System Manager

- The requestor and sponsor agency have been notified of the status of the request.