



## 406 MHz Emergency Beacon Testing Instructions for Completing the Test Request Form

Please complete the test request form only after you have read the SARSAT Policy on Non-Distress Transmissions and determined that you have a requirement to test that fits within one of the noted exceptions: *Self-Test Transmission, Built-in Test Transmission, Test Protocol Transmission, or Operational Protocol Transmission.*

Submission deadlines: 1-3 beacons - 48 hours (2 business days) prior to first event  
4-6 beacons - 30 days before first event  
7+ beacons - test/training not allowed

Use email to submit your request to the relevant agency:

**USAF: AFRCC.Console@us.af.mil**

*The USAF Program POC will be responsible for coordinating all USAF, other uniformed services, Civil Air Patrol, state, test, training, and exercise requests.*

**USCG: HQS-DG-M-406-TEST-Request@uscg.mil**

*The USCG Program POC will be responsible for coordinating all USCG and USCG Auxiliary test, training, and exercise requests.*

**NOAA: beacon.test@noaa.gov**

*The NOAA Program POC will be responsible for coordinating all other requests for test, training, and exercise.*

The requestor should complete all required information on Page 1 of the form, including:

- Requestor Contact information: All pertinent contact information should be included as noted.
- Reason for Request: Provide justification on why the test should be conducted and details on if, and how, the alert should be distributed. This information is vital to ensuring that the proper coordination can be made with the USMCC and test coordinator. *If more space is needed than is available on the form, please attach a separate page.*
- Activation Details: Provide on-site coordinator contact info, proposed start/end time, duration and location of test. Most importantly, provide the 15-hex ID and other identifying information for the beacon(s) being tested. *If more space is needed than is available on the form, please attach a separate page.*



# 406 MHz Emergency Beacon Test Request

## SUBMISSION DEADLINES

- 1-3 beacons: 48 hours (2 business days) before first event
- 4-6 beacons: 30 days before first event
- 7+ beacons: Not allowed

## REQUESTOR CONTACT INFORMATION

Requesting Agency/Organization \_\_\_\_\_

Requestor Name \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

Date Submitted \_\_\_\_\_

## REASON FOR REQUEST *(attach separate page if more space required)*

Should alert message be distributed?  Yes  No If yes, distribute alert via (choose one of the following):

1. Fax to \_\_\_\_\_ fax number
2. Normal distribution methods to \_\_\_\_\_ RCC  
RCC POC: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Other; please explain: \_\_\_\_\_  
\_\_\_\_\_

## ACTIVATION DETAILS

On-Site Coordinator Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Proposed Date \_\_\_\_\_ Start Time (UTC) \_\_\_\_\_ Duration of Activation \_\_\_\_\_  
HH MM

Location \_\_\_\_\_ Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
ddd mm.m ddd mm.m

Additional activation information *(attach separate page if more space required)*

Complete the following for each beacon:

15-HEX ID	TYPE	MANUFACTURER	MODEL	FREQUENCY	TEST CODED? (Y/N)

# Request for 406 MHz Emergency Beacon Test

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## AGENCY VALIDATION

**Reviewed By:**

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

This request has been reviewed and forwarded to NOAA for approval and the requestor has been notified.

This request has been reviewed and has been rejected and the requestor has been notified.

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## NOAA COORDINATION AND APPROVAL

Type of Request:    Testing    Exercise    Training

**USMCC Chief Recommendation:**    **APPROVE**    **DENY**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
USMCC Chief

**USMCC System Manager Decision:**    **APPROVED**    **DENIED**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
USMCC System Manager

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