



# ST KITTS & NEVIS INTERNATIONAL SHIP REGISTRY

The Saint Christopher & Nevis Merchant Shipping Act, Cap. 7.05  
Department of Maritime Affairs



## 406 MHz EPIRB REGISTRATION FORM

**IMPORTANT NOTICE :** The information submitted is intended to assist search and rescue teams in locating your craft in the event of an emergency beacon (EPIRB) activation. The information will be entered into the International 406 MHz Beacon Registration Database (IBRD) and be provided to Search and Rescue (SAR) teams as appropriate in the event of EPIRB activation. Please fax or e-mail this completed form to St. Kitts & Nevis International Ship Registry soonest after the ships registration with St. Kitts & Nevis or if there are any changes to the EPIRB details or contact details given and in any case no later than 30 days after the registration/changes.

**Please tick appropriate box:**

- New EPIRB registration
- Change of EPIRB ownership
- Change of EPIRB information
- Tick here if this EPIRB is a replacement for a previously registered EPIRB.

**EPIRB Unique Identifier Number:**

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EPIRB Manufacturer: \_\_\_\_\_

Model No: \_\_\_\_\_

**EPIRB Category:**

- Category 1 (automatic activation)
- Category 2 (manual activation only)

**Radio Equipment:**

- Inmarsat  HF
- VHF  MF
- Other \_\_\_\_\_

**Vessel Details:**

Vessel name: _____	IMO number: _____
LOA: _____	MMSI: _____
Call sign: _____	Port of Registry: _____
Official number: _____	Hull Colour _____
Number of Masts: _____	No. of persons onboard _____
No. of liferafts _____	No. of Lifeboats _____
Equipped with Voyage Data Recorder (Yes/No) _____	
Additional Data: _____	

**Vessel Telephone Numbers:**

Inmarsat: _____	Cellular: _____
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**Type of Vessel:**

- SAIL**     Sloop     Yawl     Schooner     Other
- POWER**     Fishing     Tug     Cargo     Tanker     Cabin Cruiser     Other

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**Name of  
Registered Owner:**

IMO Registered Owner number:

Tel No:

**Name of  
Operator/Manager**

IMO Company number:

Address

Country

**Contacts Details**

Office:

Email:

**Emergency Contacts:**

**Name of primary 24-hour emergency contact**

24hr Tel No(s):

Mobile:

Office:

Work:

Email:

**Name of alternative 24-hour emergency contact**

24hr Tel No(s):

Mobile:

Office:

Work:

Email:

Signature:

Date:

(owner or owners agent)

Print name:

If you have any questions about this form or EPIRB registration, then please contact St. Kitts & Nevis International Ship Registry - [mail@skanregistry.com](mailto:mail@skanregistry.com)



**St. Kitts & Nevis International Ship Registry**

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