



**The Hashemite Kingdome of Jordan
Civil Aviation Regulatory Commission**

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RECORDERS / RECORDINGS CUSTODY AND RELEASE FORM

Accident / Incident Record Number:

FDR CVR ATS Video Tape ATS Audio Tape

1. Date and Time of occurrence: <input type="checkbox"/> UTC <input type="checkbox"/> Local	2. Location of Occurrence: 3. ATS Unit Concerned:
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4. Aircraft Type and Model:	5. Aircraft Registration:
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6. Aircraft Operator and Flight Number:

7. Brief Description of ACCID / INCID:

(A) CUSTODY

The Recorder(s) Recording(s) which has / have been selected above with S / N () & S / N () respectively is / are not to be disturbed or accessed by any person, except who authorized by Director of Aircraft Accident Investigation Department (AAID).

ANY VIOLATION WILL LEAD TO LEGAL ACTION.

Director of AAID (name & signature): Date and Time of Custody: <input type="checkbox"/> UTC <input type="checkbox"/> Local	Receipt Name and Signature: Date and Time: <input type="checkbox"/> UTC <input type="checkbox"/> Local
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(B) RELEASE

The Recorder(s) Recording(s) which with S / N () & S / N () respectively is / are hereby released.

Director of AAIU (name & signature): Date and Time of Release: <input type="checkbox"/> UTC <input type="checkbox"/> Local	Receipt Name and Signature: Date and Time: <input type="checkbox"/> UTC <input type="checkbox"/> Local
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