



# The Hashemite Kingdom of Jordan Civil Aviation Regulatory Commission

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| <b>Preliminary Notification</b> |   |                  |                       |
|---------------------------------|---|------------------|-----------------------|
| <b>A</b>                        | (1) Name of the Notification Person:              |                  |                       |
|                                 | (2) Occupation:                                   |                  |                       |
|                                 | (3) Employer:                                     |                  |                       |
| <b>B</b>                        | <b>AIRCRAFT INFORMATION</b>                       |                  |                       |
|                                 | (4) Type  | (5) Registration | (6) Operator          |
|                                 | (7) State of Operator                             |                  | (8) State of Registry |
|                                 |   |                  |                       |
| <b>C</b>                        | (9) Location of the Accident / Incident           |                  |                       |
|                                 | (10) Date (UTC)                                   | (11) Time (UTC)  |                       |
| <b>D</b>                        | (12) Brief Description of Accident / Incident     |                  |                       |
|                                 |   |                  |                       |
| <b>E</b>                        | (13) Fatalities / Injuries                        |                  |                       |
|                                 | Crew  | Passengers       | Others                |
| <b>F</b>                        | (14) This Preliminary Notification is received by |                  |                       |
|                                 | Name:   | Occupation:      |                       |
|                                 | Signature:  | Date:            |                       |

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