



**The Hashemite Kingdome of Jordan  
Civil Aviation Authority**

**P.O. BOX 7547 Amman / Jordan, Phone +962 6 4983576, Fax +962 6 4875105**

**RECORDERS / RECORDINGS CUSTODY AND RELEASE FORM**

**Accident / Incident Record Number:**

FDR                       CVR                       ATS Video Tape                       ATS Audio Tape

<b>1. Date and Time of occurrence:</b>  <input type="checkbox"/> UTC <input type="checkbox"/> Local	<b>2. Location of Occurrence:</b>  <b>3. ATS Unit Concerned:</b>
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<b>4. Aircraft Type and Model:</b>	<b>5. Aircraft Registration:</b>
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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 Unit (AAIU).

**ANY VIOLATION WILL LEAD TO LEGAL ACTION.**

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

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