

Honeywell OneLink™ Inmarsat Services Customer Profile
 PLEASE SUBMIT A COPY OF THE AIRCRAFT REGISTRATION WITH THIS APPLICATION

Application/Service Request Date:

<input type="checkbox"/> New Activation	<input type="checkbox"/> Tail Number Change	Old Tail Number:	<input type="checkbox"/>	<input type="checkbox"/> Owner / Name / Mgmt Co Change
I. Customer/Operator Information				
Customer/Operator Name: <input type="checkbox"/>				
Customer/Operator Contact Name		First: <input type="checkbox"/>	Last: <input type="checkbox"/>	Contact Title: <input type="checkbox"/>
Customer Address: <input type="checkbox"/>				
City: <input type="checkbox"/>		State/Province: <input type="checkbox"/>		
Country: <input type="checkbox"/>		ZIP/Postal Code: <input type="checkbox"/>		
Customer Contact E-Mail: <input type="checkbox"/>		Tel. Office: <input type="checkbox"/>	Tel. Cell: <input type="checkbox"/>	Fax: <input type="checkbox"/>
Chief Pilot: <input type="checkbox"/>	E-Mail: <input type="checkbox"/>	Tel. Office: <input type="checkbox"/>	Tel. Cell: <input type="checkbox"/>	
Chief of Maintenance: <input type="checkbox"/>	E-Mail: <input type="checkbox"/>	Tel. Office: <input type="checkbox"/>	Tel. Cell: <input type="checkbox"/>	
II. Billing Information <input type="checkbox"/> Check if same as Mailing Address				
Billing Contact Name		First: <input type="checkbox"/>	Last: <input type="checkbox"/>	Title: <input type="checkbox"/>
Billing Address: <input type="checkbox"/>				
City: <input type="checkbox"/>		State/Province: <input type="checkbox"/>		
Country: <input type="checkbox"/>		ZIP/Postal Code: <input type="checkbox"/>		
Billing Contact E-Mail: <input type="checkbox"/>		Tel. Office: <input type="checkbox"/>	Tel. Cell: <input type="checkbox"/>	Fax: <input type="checkbox"/>
Global Data Center Customer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, GDC Account Number: <input type="checkbox"/>
III. Aircraft Information				
Aircraft Make: <input type="checkbox"/>		Aircraft Model: <input type="checkbox"/>	Registration Country: <input type="checkbox"/>	
Tail Registration Number: <input type="checkbox"/>		Serial Number (S/N): <input type="checkbox"/>	AES ID (OCTAL): <input type="checkbox"/>	
IV. Installation & Maintenance (I&M)				
OEM / Completion Center:				
Maintenance Contact Name		First: <input type="checkbox"/>	Last: <input type="checkbox"/>	Title: <input type="checkbox"/>
Maintenance Address: <input type="checkbox"/>				
City: <input type="checkbox"/>		State/Province: <input type="checkbox"/>		
Country: <input type="checkbox"/>		ZIP/Postal Code: <input type="checkbox"/>		
Maintenance Contact E-Mail: <input type="checkbox"/>		Tel. Office: <input type="checkbox"/>	Tel. Cell: <input type="checkbox"/>	Fax: <input type="checkbox"/>

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V. SATCOM Services Information		
INMARSAT Aero Services		
Service Type:	Aero Mini-M <input type="checkbox"/>	Aero I <input type="checkbox"/> Aero H/H+ <input type="checkbox"/>
Current Satellite Service Provider:	Telenor <input type="checkbox"/> Stratos <input type="checkbox"/> SITA <input type="checkbox"/>	Other: <input type="text"/>
INMARSAT HSD Services		
Service Type:	Swift64 <input type="checkbox"/>	Swift Broadband <input type="checkbox"/>
Current Satellite Service Provider:	Telenor <input type="checkbox"/> Stratos <input type="checkbox"/> SITA <input type="checkbox"/>	Other: <input type="text"/>
VI. Installed Satcom Equipment		
SATCOM Aero Equipment:		
Manufacturer: <input type="text"/>	System /Model: <input type="text"/>	Part Number: <input type="text"/>
<small>(e.g. Honeywell)</small>	<small>(e.g. MCS 7000/SAT 900)</small>	<small>(e.g. xxxxxx.xxx)</small>
Cabin Telephone (PBX) Equipment:		
Is the SATCOM system interfaced to Terrestrial phone system Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, CTU/PBX Type: Magnastar C750/C200 <input type="checkbox"/> AIRCELL ST-3100/3120 <input type="checkbox"/> Other: <input type="text"/>		
Handset Make: <input type="text"/>	Handset Model: <input type="text"/>	Fax Make: <input type="text"/> Fax Model: <input type="text"/>
Ground-to-Air Calling – Terminal IDs:		
Assign Terminal IDs (e.g. 01, 02, 03 etc) for		
Flight Deck: <input type="text"/>	Cabin: <input type="text"/>	Aft Cabin: <input type="text"/>
Fwd Cabin: <input type="text"/>	VIP: <input type="text"/>	Fax: <input type="text"/>
Other 1: <input type="text"/>	Other 2: <input type="text"/>	Other 3: <input type="text"/>
SATCOM Swift64/Swift Broadband Equipment:		
Manufacturer: <input type="text"/>	System /Model: <input type="text"/>	Part Number: <input type="text"/>
<small>(e.g. Honeywell)</small>	<small>(e.g. HD-710/HST-2100)</small>	<small>(e.g. xxxxxx.xxx)</small>
Forward ID # 1: <input type="text"/>	Forward ID # 2: <input type="text"/>	
Forward ID # 3: <input type="text"/>	Forward ID # 4: <input type="text"/>	
Cabin LAN Equipment: Yes <input type="checkbox"/> No <input type="checkbox"/> CNX-200/AERO X: Yes <input type="checkbox"/> No <input type="checkbox"/>		
LAN Router:		
Manufacturer: <input type="text"/>	System /Model: <input type="text"/>	Part Number: <input type="text"/>
WiFi Access Point:		
Manufacturer: <input type="text"/>	System /Model: <input type="text"/>	Part Number: <input type="text"/>
Mini-M Equipment:		
Manufacturer: <input type="text"/>	System /Model: <input type="text"/>	Part Number: <input type="text"/>
SIM cards required? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, quantity needed: <input type="text"/>		
Current SIM Card S/N: <input type="text"/>		
Customer hereby agrees to the Terms and Conditions for Honeywell OneLink Communication Services and requests Honeywell to include the above mentioned aircraft for such service: Agree <input type="checkbox"/> Disagree <input type="checkbox"/>		
Customer hereby agrees to the Service Agreement for Honeywell OneLink Communication Services: Agree <input type="checkbox"/> Disagree <input type="checkbox"/>		
Print Name: <input type="text"/>	Title: <input type="text"/>	
Authorized Customer Signature: <input type="text"/>	Date: <input type="text"/>	