

ARINC 429 REQUEST FORM
Revision 09/27/2011

Use this form to propose changes to ARINC 429 Part 1 and Part 2. A complete bit-oriented description should be included with your proposal.

The completed form should be submitted to:

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E-mail: jgodoy@arinc.com

Name:	E-mail:
Company:	Phone:
Date Requested:	Fax:

Equipment Type:	
Equipment ID (Hex): _____	<input type="checkbox"/> Proposed <input type="checkbox"/> Already Assigned

Label (Octal) Requested: _____	
Label Type:	<input type="checkbox"/> BNR <input type="checkbox"/> BCD <input type="checkbox"/> DIS <input type="checkbox"/> SAL
Parameter Name:	

Units:	Range (scale):
Significant Bits:	Positive Sense:
Min Trans Interval (msec):	Resolution:
Max Trans Interval (msec):	Max Trans Delay (msec):
Notes:	

On the next page is a Blank ARINC 429 bit definition form. Please complete the form when requesting a label assignment.

Examples of completed ARINC 429 Request forms are available on the ARINC Website in either Acrobat (pdf) or MSWord Format. If you have any question in completing a ARINC 429 request form please contact José Godoy.

