

ARINC 429 REQUEST FORM  
Revision 06/05/2007

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:

Dan Martinec	Facsimile: (410) 266-2047
Industry Activities staff	E-mail: daniel.martinec@arinc.com
Aeronautical Radio, Inc.	
2551 Riva Road	
Annapolis, Maryland 21401	

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

Equipment Type:  
Equipment ID (Hex): \_\_\_\_\_  Proposed  Already Assigned

Label (Octal) Requested: \_\_\_\_\_  
Label Type:  BNR  BCD  DIS  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 Daniel Martinec.

