



National Marine Electronics Association Registration Number/Code Form

Official Company Contact

First Name/ Last Name:

Official Company Name

Name:

Official Company Business Address

Address:

City:

State/Province (if applicable):

Country:

Postal Code:

Phone:

Fax:

Official Company Contact Email:

Official Company Website Address:

Completed by (Official from Company):

Protocol Code Requested:

2000 0183 OneNet

Please email completed form to: Mark Oslund, moslund@nmea.org

Document File Name Format:

1. Original Request File: file format YYYYMMDD_II_COMPANY

- YYYY=Year eg. 2020

- MM= Month eg. January 01

- DD= Day of the Month

- "II"= requestor initials

- COMPANY= Company making the request