

## " APPLICATION FOR CLASS I PRIVATE AIDS TO NAVIGATION ON ARTIFICIAL ISLANDS AND FIXED STRUCTURES

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1. NAME AND ADDRESS (including zip code) OF CORPORATION OR PERSON MAKING APPLICATION		2. ACTION REQUESTED FOR PRIVATE AIDS TO NAVIGATION	
		A. <input type="checkbox"/> ESTABLISH AND MAINTAIN B. <input type="checkbox"/> CHANGE OWNERSHIP C. <input type="checkbox"/> CHANGE EQUIPMENT D. <input type="checkbox"/> MOVE	
		E. <input type="checkbox"/> DISCONTINUE F. DATE OF ACTION _____	
<b>3. POSITION</b>			
A. GENERAL LOCALITY AND GRID AREA		B. LATITUDE	C. LONGITUDE
D. BLOCK NUMBER	E. SIGN	F. LEASE NUMBER	G. WELL NUMBER
<b>4. LIGHT</b>			
A. CHARACTERISTICS		B. NUMBER INSTALLED	C. ILLUMINANT (Check)
COLOR      WHITE <input type="checkbox"/> RED <input type="checkbox"/>			<input type="checkbox"/> ELECTRICITY <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> OTHER (Specify) _____
FLASH _____ SECONDS      ECLIPSE _____ SECONDS			
D. HEIGHT ABOVE MEAN HIGH WATER	E. VOLTS	F. AMPERES	H. CANDLEPOWER (If known)
		G. INSIDE DIAMETER	
		LENS	GLOBE
<b>5. FOG SIGNAL (Characteristic will be one two-second blast every twenty seconds)</b>			
A. CLASS	B. MANUFACTURED BY	C. MODEL NUMBER	
<input type="checkbox"/> A (2-Mile) <input type="checkbox"/> B (1/2-Mile)			
<b>6. STRUCTURE</b>			
A. COLOR	B. HEIGHT ABOVE MEAN HIGH WATER	C. DEPTH OF WATER BELOW MEAN LOW WATER	
7. AUTHORIZED BY CORPS OF ENGINEERS, U.S. ARMY, PERMIT NO.			
<b>8. PERSON IN DIRECT CHARGE OF AID</b>			
A. NAME		C. ADDRESS	
B. TELEPHONE NUMBER			
9. The applicant agrees to save the Coast Guard harmless with respect to any claims that may result arising from the alleged negligence of the operation of the approved aids.			
Attached to this application are:			
A. <input type="checkbox"/> LOCATION PLAT	B. <input type="checkbox"/> PRINT OF STRUCTURE	C. <input type="checkbox"/> AIDS TO NAVIGATION EQUIPMENT LIST	
D. <input type="checkbox"/> CERTIFICATE REQUIRED BY 33 CFR 67.10-1 (4)			
DATE		SIGNATURE	
		TITLE	
<b>FOR COAST GUARD USE</b>			
10. FROM:			
<b>Commander</b>		<b>Coast Guard District</b>	
A. THE ACTION DESCRIBED ABOVE IS		B. NOTICE TO MARINERS	
<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED SUBJECT TO THE COMMENTS IN BLOCK 11 ON REVERSE		<input type="checkbox"/> WILL BE ISSUED <input type="checkbox"/> WILL NOT BE ISSUED	
C. CHARTS AFFECTED		D. NAME OF AID(S)	
E. DATE		F. SIGNATURE (By direction in accordance with 33 CFR 67)	

