



U.S. Department  
of Transportation

**Federal Aviation  
Administration**

**INFORMATION FOR PUBLIC  
RESPONDENT**

**WEATHER (WX) SYSTEM DATA**

**Paperwork Reduction Act Statement: A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2120-xxxx. Public reporting for this collection of information is estimated to be approximately 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses are mandatory per 49 USC § 40103. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the FAA at: 800 Independence Ave. SW Washington, DC 20591 Attn: Information Collection Clearance Officer, AES-200.**

**WEATHER (WX) SYSTEM DATA**

**O.M.B. Approval No.**  
2120-xxxx  
**Exp. xx/xx/xxxx**

**I. SUBMISSION**

1. Name	2. Organization	3. Date
4. Email	5. Phone	6. Authorizing Official
7. Purpose of Submission: <input type="radio"/> Changes to Existing System - Complete all items necessary to describe the change(s) <input type="radio"/> New System - Complete as much of the form as possible <input type="radio"/> Decommission System - Complete only Items 9-11,17		8. Proposed Effective Date

**II. WX SYSTEM**

9. WX System ID (Existing Systems Only)	10. WX System Type <input type="text"/>	11. Add'l Certified WX Sensors (check all that apply) <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> OTHER <input type="checkbox"/> T <input type="checkbox"/> Z	12. Owner Type <input type="text"/>	13. Owner
14. Freq (MHz)	15. Freq License Number	16. WX System Phone No	17. Geodetic Datum Hor: <input type="text"/> Vert: <input type="text"/>	
18. Sensor Site Elev (MSL, in FT)	19. Sensor Height (AGL, in FT)	20. Location (City, State, Country)		
21. WX System Sensor Site Coordinates Lat: ____° ____' ____" ____ Long: ____° ____' ____" ____	22. WX System Site Association <input type="radio"/> Stand-Alone <input type="radio"/> On Airport, Arpt ID: _____	23. WX System co-located with a NAVAID? <input type="radio"/> No <input type="radio"/> Yes, NAVAID ID: _____		
24. WX System transmits over NADIN/ WMSCR Service A? <input type="radio"/> Yes, Complete 23 <input type="radio"/> No	25. WX Reporting Services (check all that apply) <input type="checkbox"/> METAR <input type="checkbox"/> SPECI <input type="checkbox"/> WST <input type="checkbox"/> NOTAM <input type="checkbox"/> TAF <input type="checkbox"/> OTHER <input type="checkbox"/> SD <input type="checkbox"/> UA			

**III. REMARKS**

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