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| U.S. DEPARTMENT OF HOMELAND SECURITY  U.S. Coast Guard  APPLICATION FOR CLASS 1 PRIVATE AIDS TO NAVIGATION ON ARTIFICIAL ISLANDS AND FIXED STRUCTURES  **(Please read instructions on page 2)** | | | | | | | | | | OMB Approved: 1625-xxxx  Expiration Date: xx/xx/xxxx |
| **1. NAME AND ADDRESS OF CORPORATION OR PERSON MAKING APPLICATION** | | | | | | **2. ACTION REQUESTED FOR PRIVATE AIDS TON AVIGATION**  **A. 🞏 ESTABLISH AND MAINTAIN**  **B. 🞏 CHANGE OWNERSHIP**  **C. 🞏 CHANGE EQUIPMENT**  **D. 🞏 MOVE**  **E. 🞏 DISCONTINUE**  **F. DATE OF ACTION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **3. POSITION** | | | | | | | | | | |
| **A. GENERAL LOCALITY AND GRID AREA** | | | | | | **B. LATITUDE** | | | | **C. LONGITUDE** |
| **D. BLOCK NUMBER** | **E. SIGN** | | | | | **F. LEASE NUMBER** | | | | **G. WELL NUMBER** |
| **4. LIGHT** | | | | | | | | | | |
| **A. CHARACTERISTICS**  **FLASH \_\_\_\_\_\_ SECONDS** | **COLOR: WHITE 🞏**  **RED 🞏**  **ECLIPSE \_\_\_\_\_\_ SECONDS** | | | **B. NUMBER INSTALLED** | | | | | | **C. ILLUMINANT**(Check)  **🞏 ELECTRICITY**  **🞏 OTHER** (Specify) \_\_\_\_\_\_\_\_ |
| **D. HEIGHT ABOVE MEAN HIGH WATER** | **E. VOLTS** | | **F. AMPERES** | | | | **G. INSIDE DIAMETER** | | | **H. CANDELA** *(If known)* |
| **LENS** | **GLOBE** | |
| **5. SOUND SIGNAL** *(Characteristic will be one two-second blast every twenty seconds)* | | | | | | | | | | |
| **A. CLASS**  **🞏** **A (2-Mile)**  **🞏** **B (1/2-Mile)** | **B. MANUFACTURED BY** | | | | | | | | | **C. MODEL NUMBER** |
| **6. STRUCTURE** | | | | | | | | | | |
| **A. COLOR** | | **B. HEIGHT ABOVE MEAN HIGH WATER** | | | | | | | **C. DEPTH OF WATER BELOW MEAN LOW WATER** | |
| **7. AUTHORIZED BY U.S. ARMY CORPS OF ENGINEERS PERMIT NO.** | | | | | | | | | | |
| **8. PERSON IN DIRECT CHARGE OF THE OPERATION AND MAINTENANCE OF THE PRIVATE AID TO NAVIGATION** | | | | | | | | | | |
| **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. 🞏 LOCATION PLAT** | | **B. 🞏 PRINT OF STRUCTURE** | | | | | | | **C. 🞏 AIDS TO NAVIGATION EQUIPMENT LIST** | |
| **D. 🞏 CERTIFICATE REQUIRED BY 33 CFR 67.10-1 (4)** | | | | | |  | | | | |
| **DATE** | | | | | | **SIGNATURE** | | | | |
|  | | | | | | **TITLE** | | | | |
| **FOR U.S. COAST GUARD USE** | | | | | | | | | | |
| **10. FROM:**  **Commander U.S. Coast Guard District** | | | | | | | | | | |
| 1. **THE ACTION DESCRIBED ABOVE IS**   **🞏 APPROVED**  **🞏 APPROVED SUBJECT TO THE COMMENTS IN BLOCK 11 ON REVERSE** | | | | | 1. **NOTICE TO MARINERS**   **🞏 WILL BE ISSUED**  **🞏 WILL NOT BE ISSUED** | | | | | |
| **C. CHARTS AFFECTED** | | | | | **D. NAME OF AID(S) TO NAVIGATION** | | | | | |
| **E. DATE** | **F. SIGNATURE *(By direction in accordance with 33 CFR 67)*** | | | | | | | | | |

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| **INSTRUCTIONS** | |
| 1. The applicant will complete items 1 through 9. 2. Submit the completed form, via postal mail, electronic mail, or facsimile to the Commander of the Coast Guard District in which the aids will be located. Attach a location plat, print of the structure showing positions of the aids, a complete Aids to Navigation Equipment List, and when establishing or changing a sound signal, the certificate required by 33 CFR 67.10-1 (4). | 1. You may obtain copies of Title 33, Code of Federal Regulations, Navigation and Navigable Waters, Chapter 1 - Coast Guard, Department of Homeland Security, Subchapter C - Aids to Navigation, Part 67 - Aids to Navigation on Artificial Islands and Fixed Structures from the Coast Guard District Commander in which the aids will be located. |
| 11. REMARKS | |
| **Privacy Act Statement**  **Authority:** Under 43 USC 1333, the Coast Guard has the authority to promulgate and enforce regulations concerning lights and other warning devices relating to the promotion of safety of life and property on the artificial islands, installations, and other devices on the outer continental shelf involved in the exploration, development, removal, or transportation of resources there from. 33 CFR 67.35-1 and 33 CFR 67.35-5 provide a means for private individuals to establish privately maintained aids to navigation on artificial islands and fixed structures.  **Purpose:** To obtain approval to establish a private aid to navigationon an artificial island or fixed structure, the applicant must submit CG Form 4143 (Application for Class 1 Private Aids to Navigation on Artificial Islands and Fixed Structures). Information about the private aid to navigation (type, color, geographic position), as well as the applicant’s contact information is stored in the U.S. Coast Guard’s Integrated Aids to Navigation Information System (I-ATONIS). I-ATONIS is the U.S. Coast Guard’s comprehensive database for managing information about aids to navigation. I-ATONIS has user access controls in place to govern who may view or access information.  **Routine Uses:** Collecting the applicant’s contact information is important because it allows the U.S. Coast Guard to contact the applicant should there be a discrepancy or mishap involving the permitted private aid to navigation. Certain discrepancies create hazards to navigation and must be responded to and corrected or repaired. The contact information is available to U.S. Coast Guard aids to navigation personnel and contact is only initiated if the private aid to navigation becomes discrepant or in need of repair.  **Disclosure:** Provision of the applicant’s contact information is mandatory, as it will allow the U.S. Coast Guard to contact the owner should there be a discrepancy or mishap with the permitted private aid to navigation. Failure to provide the required contact information will lead to disapproval of the private aid to navigation application. | |
| An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number.  The U.S. Coast Guard estimates the average burden for this report is 1 hour. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: COMMANDANT (CG-NAV-1), U.S. COAST GUARD, 2100 2ND STREET, SW STOP 7580, WASHINGTON, DC 20593-7580 or OFFICE OF MANAGEMENT AND BUDGET, PAPERWORK REDUCTION PROJECT (1625-xxxx), WASHINGTON, DC 20593. | |