

**APPLICATION FOR CLASS 1 PRIVATE AIDS TO NAVIGATION  
ON ARTIFICIAL ISLANDS AND FIXED STRUCTURES**

(Please read instructions on page 2)

**Privacy Notice**

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

**AUTHORITY:** 14 U.S.C § 81; 43 U.S.C. § 1333

**PURPOSE:** To obtain approval to establish a private aid to navigation and to document ownership of the private aid to navigation.

**ROUTINE USES:** Authorized USCG personnel will use this information to contact owners in the event of a discrepancy or a mishap to a private aid to navigation. For more information on how USCG uses this information, please see DHS/ALL/PIA-006, DHS General Contact List.

**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is mandatory. Failure to provide this information will result in the disapproval of your application.

<b>1. NAME AND ADDRESS OF CORPORATION OR PERSON MAKING APPLICATION</b>	<b>2. ACTION REQUESTED FOR PRIVATE AIDS TO NAVIGATION</b> <input type="checkbox"/> A. ESTABLISH AND MAINTAIN <input type="checkbox"/> D. MOVE <input type="checkbox"/> B. CHANGE OWNERSHIP <input type="checkbox"/> E. DISCONTINUE <input type="checkbox"/> C. CHANGE EQUIPMENT    F. DATE OF ACTION
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**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: <input type="checkbox"/> WHITE <input type="checkbox"/> RED ECLIPSE _____ SECONDS	B. NUMBER INSTALLED	C. ILLUMINANT (Check) <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> OTHER (Specify)
D. HEIGHT ABOVE MEAN HIGH WATER	E. VOLTS	F. AMPERES	G. INSIDE DIAMETER LENS    GLOBE
H. CANDELA (If known)			

**5. SOUND SIGNAL (Characteristic will be one two-second blast every twenty seconds)**

A. CLASS <input type="checkbox"/> A. (2-Mile) <input type="checkbox"/> B. (1/2-Mile)	B. MANUFACTURED BY	C. MODEL NUMBER
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**6. STRUCTURE**

A. COLOR	B. HEIGHT ABOVE MEAN HIGH WATER	C. DEPTH OF WATER BELOW MEAN LOW WATER
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**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 private aid(s) to navigation.**

**Attached to this application are:**

- A. LOCATION PLAT     C. AIDS TO NAVIGATION EQUIPMENT LIST  
 B. PRINT OF STRUCTURE     D. CERTIFICATE REQUIRED BY 33 CFR 67.10-1(4)

DATE	SIGNATURE	TITLE
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**FOR U.S. COAST GUARD USE**

10. FROM

A. THE ACTION DESCRIBED ABOVE IS

- APPROVED
- APPROVED SUBJECT TO THE COMMENTS IN BLOCK 11 ON REVERSE

B. 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)*

11. REMARKS

**INSTRUCTIONS**

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| <p>1. The applicant will complete items 1 through 9.</p> <p>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, evidence that the requirements of 33 CFR 67.10-1 have been satisfied.</p> | <p>3. 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.</p> |
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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 STOP 7418, 2703 MARTIN LUTHER KING JR AVE SE, WASHINGTON DC 20593-7418 or OFFICE OF MANAGEMENT AND BUDGET, PAPERWORK REDUCTION PROJECT (1625-0011), WASHINGTON, DC 20590-0001.