

DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

PRIVATE AIDS TO NAVIGATION APPLICATION

(See attached instructions and copy of Code of Federal Regulations, Title 33, Chap. 1, Part 66)

OMB Approval: 1625-0011

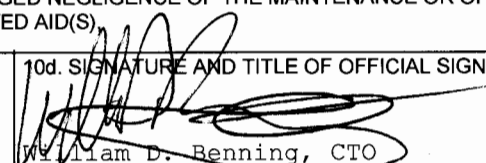
Expiration Date: 05/31/2021

NO PRIVATE AID TO NAVIGATION MAY BE AUTHORIZED UNLESS A COMPLETED APPLICATION FORM HAS BEEN RECEIVED (14 U.S.C. 83; 33 CFR. 66. 01-5).

1. ACTION REQUESTED FOR PRIVATE AIDS TO NAVIGATION:	<input checked="" type="checkbox"/> A. ESTABLISH AND MAINTAIN	<input type="checkbox"/> B. DISCONTINUE	<input type="checkbox"/> C. CHANGE	<input type="checkbox"/> D. TRANSFER OWNERSHIP	2. DATE ACTION TO START: 11/30/2018
3. AIDS WILL BE OPERATED:	<input checked="" type="checkbox"/> A. YEAR-ROUND	<input type="checkbox"/> B. TEMPORARILY UNTIL	<input type="checkbox"/> C. SEASONAL FROM		TO
4. NECESSITY FOR AID (Continue in Block 8) Dessemination of maritime info to mariners	5. GENERAL LOCALITY WAINWRIGHT, AK		6. AUTHORIZING PERMIT FOR THIS STRUCTURE OR BUOY USACE <input type="checkbox"/> PERMIT AND/OR STATE <input type="checkbox"/> PERMIT (Valid Permit Number)		

FOR DISTRICT COMMANDERS ONLY		7. APPLICANT WILL FILL IN APPLICABLE REMAINING COLUMNS										
LIGHT LIST NUMBER	NAME OF AID	NO. OR LTR (7a)	LIGHT			POSITION (7e)	DEPTH OF WATER (7f)	CANDELA (7g)	FOCAL PLANE HEIGHT (7h)	STRUCTURE		REMARKS (See instructions) (7j)
			FLASH PERIOD (7b)	FLASH LENGTH (7c)	COLOR (7d)					TYPE, COLOR, AND HEIGHT ABOVE GROUND (7i)		
28000.7	MXAK WAINWRIGHT ASTA					70-38-10.5396N 160-02-01.3308W					2nd Story building mast mount, 45 ft	

8. ADDITIONAL COMMENTS  
This PATON transmits over AIS maritime info such as environmental data, geographic messages, virtual/synthetic ATON, ETC.

9a. NAME AND ADDRESS OF PERSON IN DIRECT CHARGE OF THE AID(S) BILL BENNING	10a. NAME AND ADDRESS OF PERSON OR CORPORATION AT WHOSE EXPENSE THE AID(S) WILL BE MAINTAINED BILL BENNING MARINE EXCHANGE OF ALASKA 1050 HARRIS HARBOR WAY JUNEAU, AK 99801	10b. THE APPLICANT AGREES TO SAVE THE COAST GUARD HARMLESS WITH RESPECT TO ANY CLAIM OR CLAIMS THAT MAY RESULT ARISING FROM THE ALLEGED NEGLIGENCE OF THE MAINTENANCE OR OPERATION OF THE APPROVED AID(S).
9b. TELEPHONE NO. (907) 463-3937		10c. DATE 12/13/2018
9c. E-MAIL ADDRESS billbenning@mxak.org		10d. SIGNATURE AND TITLE OF OFFICIAL SIGNING  William D. Benning, CTO

FOR USE BY DISTRICT COMMANDER		RECD	DATE APPROVED	SIGNATURE (By direction)	SERIS.DAVI	Digitally signed by SERIS.DAVID.M.1154
SERIAL NO.	CLASSIFICATION OF AIDS(S)	CHART	12/12/2018	D. M. Seris	D.M.115402	022062
		LNM		CGD17 (dpw)	2062	Date: 2018.12.12 15:16:12 -09'00'

