

## DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

OMB Approval: 1625-0011

Expiration Date: 05/31/2021

## PRIVATE AIDS TO NAVIGATION APPLICATION

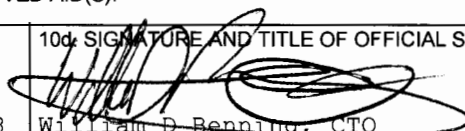
(See attached instructions and copy of Code of Federal Regulations, Title 33, Chap. 1, Part 66)

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)<br>Dessemination of maritime info to mariners | 5. GENERAL LOCALITY<br>AKUN, AK                                                                                                                                                         | 6. AUTHORIZING PERMIT FOR THIS STRUCTURE OR BUOY<br>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) |                                         |                  |
| 27438                        | MXAK AKUN ASTA |                                                        |                   |                   |            | 54-08-50.3988N<br>165-36-20.5812W |                     |              |                         |                                           | 2nd Story building<br>mast mount, 30 ft | MMSI#: 993032025 |
|                              |                |                                                        |                   |                   |            |                                   |                     |              |                         |                                           |                                         |                  |
|                              |                |                                                        |                   |                   |            |                                   |                     |              |                         |                                           |                                         |                  |
|                              |                |                                                        |                   |                   |            |                                   |                     |              |                         |                                           |                                         |                  |
|                              |                |                                                        |                   |                   |            |                                   |                     |              |                         |                                           |                                         |                  |
|                              |                |                                                        |                   |                   |            |                                   |                     |              |                         |                                           |                                         |                  |
|                              |                |                                                        |                   |                   |            |                                   |                     |              |                         |                                           |                                         |                  |

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)<br>BILL BENNING | 10a. NAME AND ADDRESS OF PERSON OR CORPORATION AT WHOSE EXPENSE THE AID(S) WILL BE MAINTAINED<br>BILL BENNING<br>MARINE EXCHANGE OF ALASKA<br>1050 HARRIS HARBOR WAY<br>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.<br>(907) 463-3937                                           |                                                                                                                                                                                          | 10c. DATE<br>12/13/2018                                                                                                                                                                                    |
| 9c. E-MAIL ADDRESS<br>billbenning@mxak.org                                    |                                                                                                                                                                                          | 10d. SIGNATURE AND TITLE OF OFFICIAL SIGNING<br><br>William D. Benning, CTO                                           |

|                               |                           |       |               |                            |            |                                      |
|-------------------------------|---------------------------|-------|---------------|----------------------------|------------|--------------------------------------|
| FOR USE BY DISTRICT COMMANDER |                           | RECD  | DATE APPROVED | SIGNATURE (By direction)   | SERIS.DAVI | Digitally signed by                  |
| SERIAL NO.                    | CLASSIFICATION OF AIDS(S) | CHART | 12/07/2018    | D. M. Seris<br>CGD17 (dpw) | D.M.115402 | 022062                               |
|                               |                           | LNM   |               |                            |            |                                      |
|                               |                           |       |               |                            |            |                                      |
|                               |                           |       |               |                            | 2062       | Date: 2018.12.07<br>14:24:34 -09'00' |

## REMARKS

| DATE | REFERENCE | ACTION AND REMARKS |
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|  | J | F | M | A | M | J | J | A | S | O | N | D |  |
|--|---|---|---|---|---|---|---|---|---|---|---|---|--|

|                               |                         |
|-------------------------------|-------------------------|
| NAME OF AID<br>MXAK AKUN ASTA | LIGHT LIST NO.<br>27438 |
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## PRIVACY NOTICE

**Authority:** 14 U.S.C. 83, 14 U.S.C. 85.

**Purpose:** To obtain approval to establish a private aid to navigation, applicants must submit CG 2554 (Private Aids to Navigation Application). 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 United States Aids to Navigation Information Management System (USAIMS). USAIMS is the U.S. Coast Guard's comprehensive database for managing information about aids to navigation. USAIMS has user access controls in place to govern who may view or access information.

**Routine Uses:** Authorized USCG personnel will utilize this information to contact owners in the event of a discrepancy or a mishap to a private aid to navigation. Any external disclosures of data within this record will be made in accordance with DHS/ALL-002, Department of Homeland Security (DHS) Mailing and Other Lists System, November 25, 2008, 73 FR 71659.

**Consequences of Failure to Provide Information:** Mandatory. Failure to provide the required contact information will prevent approval to establish a private aid to navigation.