NAVIGATIONAL AID (NAVAID) DATA

Pages __ of ___
Initials: _____
NAVAID ID: _____

I. SUBMISSION

1. Name	2. Organization	3. Date
4. Email	5. Phone	6. Authorizing Official

7. Purpose of Submission:
- ◯ Changes to Existing System - Complete all items necessary to describe the change(s)
- ◯ New System - Complete as much of the form as possible
- ◯ Decommission System - Complete only Items 9-10,17-20

8. Proposed Effective Date

II. NAVAID

9. NAVAID ID	10. Type	11. Freq (MHz)	12. Freq License Number	13. Channel
	DME (Stand Alone)			

14. Owner Type	15. Owner	16. Operator	17. Operating Hours	18. Voice Call
Military				

19. Located on airport?
- ◯ Yes
- ◯ No, Dist: _____NM

20. Airport/Facility Name

21. Airport Loc ID

22. Location (City, State, Country)

23. Standard Service Volume Class: H - High

24. Radio Class Codes
- ☐ AB
- ☐ S
- ☐ W

25. Transmitter Indicator: None

26. Type of Standby Power: None

27. FSS Radio Call

28. Geodetic Datum
Hor: WGS84
Vert: EGM96

29. Coordinates
Lat: __ __ ° __ __ ' __ __ . __ __ __ __ " __
Long: __ __ __ ° __ __ ' __ __ . __ __ __ __ " __

30. Mag Variation
Mag Var:_____
Epoch Yr: _____

31. Elevation (MSL, in FT)

32. Monitor Category Code: 4

33. TWEB Hours

34. TWEB Phone

35. NAS Use?	36. Simultaneous Voice?	37. Automatic Voice ID	38. HIWAS Available?	39. Approved ESVs on File?	40. Is Low Alt NAVAID on High Alt Chart?
◯ No	◯ No	◯ No	◯ No	◯ No	◯ No
◯ Yes	◯ Yes	◯ Yes	◯ Yes	◯ Yes	◯ Yes

III. REMARKS

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