NAME: FALTA STATE: NY COUNTRY: US ICAO REGION CODE: K6

LATITUDE/LONGITUDE: 404820.76N/0722244.92W **TYPE**: WP

AIRSPACE DOCKET: FIX TYPE OF ACTION: ESTABLISH

HOLDING: HOLDING TYPE OF ACTION:

FIX USE:

USE TYPE USE TITLE FAC PAT AIRPORT IDENT CITY STATE KFOK WESTHAMPTON BEACH NY (US)

REQUIRED CHARTING: IAP

COMPULSORY REPORTING POINT: NO

RECORD REVISION NUMBER: ORIG DATE OF REVISION: 10/02/2025

INITIATED BY: DATE: ORGANIZATION: NAME:

OFFICE OF PRIMARY RESPONSIBILITY: AJV-A422 NAME: RICHARD BRUCE

APPROVED BY:DATE: 08/28/2025OFFICE: AJV-A420NAME: BEV L BORDY

SIGNATURE:

ONALITY 10 CHECKED

NAME: JULYT STATE: NY COUNTRY: US ICAO REGION CODE: K6

LATITUDE/LONGITUDE: 404705.95N/0723301.41W **TYPE**: WP

AIRSPACE DOCKET: FIX TYPE OF ACTION: ESTABLISH

HOLDING: HOLDING TYPE OF ACTION:

FIX USE:

USE TYPE USE TITLE FAC PAT AIRPORT IDENT CITY STATE KFOK WESTHAMPTON BEACH NY (US)

REQUIRED CHARTING: IAP

COMPULSORY REPORTING POINT: NO

RECORD REVISION NUMBER: ORIG DATE OF REVISION: 10/02/2025

INITIATED BY: DATE: ORGANIZATION: NAME:

OFFICE OF PRIMARY RESPONSIBILITY: AJV-A422 NAME: RICHARD BRUCE

APPROVED BY:DATE: 08/28/2025OFFICE: AJV-A420NAME: BEV L BORDY

SIGNATURE:

OVALITY 10 CHECKED

NAME: SAVYR STATE: NY COUNTRY: US ICAO REGION CODE: K6

LATITUDE/LONGITUDE: 403912.79N/0723347.38W **TYPE**: WP

AIRSPACE DOCKET: FIX TYPE OF ACTION: ESTABLISH

HOLDING: HOLDING TYPE OF ACTION:

FIX USE:

USE TYPE USE TITLE FAC PAT AIRPORT IDENT CITY STATE KFOK WESTHAMPTON BEACH NY (US)

REQUIRED CHARTING: IAP

COMPULSORY REPORTING POINT: NO

RECORD REVISION NUMBER: ORIG DATE OF REVISION: 10/02/2025

INITIATED BY: DATE: ORGANIZATION: NAME:

OFFICE OF PRIMARY RESPONSIBILITY: AJV-A422 NAME: RICHARD BRUCE

APPROVED BY:DATE: 08/28/2025OFFICE: AJV-A420NAME: BEV L BORDY

SIGNATURE:

ONALITY 10 CHECKED

NAME: TROYJ STATE: NY COUNTRY: US ICAO REGION CODE: K6

LATITUDE/LONGITUDE: 404346.91N/0722816.52W **TYPE**: WP

AIRSPACE DOCKET: FIX TYPE OF ACTION: ESTABLISH

HOLDING: HOLDING TYPE OF ACTION:

FIX USE:

USE TYPE USE TITLE FAC PAT AIRPORT IDENT CITY STATE KFOK WESTHAMPTON BEACH NY (US)

REQUIRED CHARTING: IAP

COMPULSORY REPORTING POINT: NO

RECORD REVISION NUMBER: ORIG DATE OF REVISION: 10/02/2025

INITIATED BY: DATE: ORGANIZATION: NAME:

OFFICE OF PRIMARY RESPONSIBILITY: AJV-A422 NAME: RICHARD BRUCE

APPROVED BY:DATE: 08/28/2025OFFICE: AJV-A420NAME: BEV L BORDY

SIGNATURE:

ONALITY 10 CHECKED