U. S. DEPARTMENT OF COMMERCE

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

FACILITIES ABSTRACT

CONTINUATION SHEET
AERONAUTICAL SURVEY PROGRAM

PAGE ____ OF ____

O.C. NUMBER

AIRPORT NAME	CITY	STATE

INSTRUCTIONS

Under Facility, indicate specific runway served or facility identifier, whichever is applicable

FACILITY	FACILITY LOCATED ON	HORIZONTAL FILE	VERTICAL FILE	REMARKS
1. GS				
2. LOC				
3. DME				
4. IM				
5. MM-LMM				
6. OM-LOM				
7 APP LTS				
8. REIL				
9. VASI-PAPI-(Other)				
10. Other (Specify)				
1. GS				
2. LOC				
3. DME				
4. IM				
5. MM-LMM				
6. OM-LOM				
7 APP LTS				
8. REIL				
9. VASI-PAPI-(Other)				
10. Other (Specify)				