

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-4143 (Rev. 16-04)	APPLICATION FOR CLASS 1 PRIVATE AIDS TO NAVIGATION ON ARTIFICIAL ISLANDS AND FIXED STRUCTURES (Please read instructions on page 2)	OMB APPROVED 1625-0011
1. NAME AND ADDRESS (including zip code) OF CORPORATION OR PERSON MAKING APPLICATION		
2. ACTION REQUESTED FOR PRIVATE AIDS TO NAVIGATION A. <input type="checkbox"/> ESTABLISH AND MAINTAIN B. <input type="checkbox"/> CHANGE OWNERSHIP C. <input type="checkbox"/> CHANGE EQUIPMENT D. <input type="checkbox"/> MOVE		E. <input type="checkbox"/> DISCONTINUE F. DATE OF ACTION _____
3. POSITION		
A. GENERAL LOCALITY AND GRID AREA		B. LATITUDE
C. LONGITUDE		
D. BLOCK NUMBER	E. SIGN	F. LEASE NUMBER
G. WELL NUMBER		
4. LIGHT		
A. CHARACTERISTICS COLOR WHITE <input type="checkbox"/> RED <input type="checkbox"/> FLASH _____ SECONDS ECLIPSE _____ SECONDS		B. NUMBER INSTALLED C. ILLUMINANT (Check) <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> OTHER (Specify) _____
D. HEIGHT ABOVE MEAN HIGH WATER	E. VOLTS	F. AMPERES
G. INSIDE DIAMETER		H. CANDLEPOWER (If known)
LENS		GLOBE
5. FOG SIGNAL (Characteristic will be one two-second blast every twenty seconds)		
A. CLASS <input type="checkbox"/> A (2-Mile) <input type="checkbox"/> B (1/2-Mile)	B. MANUFACTURED BY	C. MODEL NUMBER
6. STRUCTURE		
A. COLOR	B. HEIGHT ABOVE MEAN HIGH WATER	C. DEPTH OF WATER BELOW MEAN LOW WATER
7. AUTHORIZED BY CORPS OF ENGINEERS, U.S. ARMY, PERMIT NO.		
8. PERSON IN DIRECT CHARGE OF AID		
A. NAME		C. ADDRESS
B. TELEPHONE NUMBER		
9. The applicant agrees to save the Coast Guard harmless with respect to any claims that may result arising from the alleged negligence of the operation of the approved aids. Attached to this application are: A. <input type="checkbox"/> LOCATION PLAT B. <input type="checkbox"/> PRINT OF STRUCTURE C. <input type="checkbox"/> AIDS TO NAVIGATION EQUIPMENT LIST D. <input type="checkbox"/> CERTIFICATE REQUIRED BY 33 CFR 67.10-1 (4)		
DATE	SIGNATURE	
	TITLE	
FOR COAST GUARD USE		
10. FROM:		
Commander		Coast Guard District
A. THE ACTION DESCRIBED ABOVE IS <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED SUBJECT TO THE COMMENTS IN BLOCK 11 ON REVERSE		B. NOTICE TO MARINERS <input type="checkbox"/> WILL BE ISSUED <input type="checkbox"/> WILL NOT BE ISSUED
C. CHARTS AFFECTED		D. NAME OF AID(S)
E. DATE	F. SIGNATURE (By direction in accordance with 33 CFR 67)	

INSTRUCTIONS

1. The applicant will complete items 1 through 9.
2. Submit in triplicate to the Coast Guard District Commander, Attach a location plat, print of the structure showing positions of the aids, a complete Aids to Navigation Equipment List, and when establishing or changing a fog signal, the certificate required by 33 CFR 67.10-1(4).
3. You may obtain from the Coast Guard District Commander copies of Title 33-*Navigation and Navigable Waters*, Chapter 1-Coast Guard, *Department of Homeland Security*, Subchapter C-Aids to Navigation, Part 67-Private Aids to Navigation, Outer Continental Shelf and Waters Under the Jurisdiction of the United States.

11. REMARKS