APPENDIX A

OBSTACLE EVALUATION APPLICATION FORM (FSS-AGA-FORM-OE1)

	FOR GCAA USE ONLY
(Failure To Provide All Requested Information May Delay Processing Your Application	Aeronautical Study No.

1. Contact

Applicant (person, company, etc proposing this action)

Name: _____

Address: _____

_____

Telephone: _____ Fax: _____

Owner or Operator (if different from the Applicant)

Name: _____

Address: _____

_____

Telephone: _____ Fax: _____

2. Nature of Proposal

A. Type

☐ New Construction ☐ Alteration

B. Class

☐ Permanent

☐ Temporary (_____Months, _____Days)

3. Complete Description of Structure

Description of proposed Construction or Alteration

O Mast O Tower O Crane O Building

Marking/Painting and/or Light Preferred:

O Red Lights and Paint ☐ Dual - Red and Medium Intensity O White-Medium Intensity ☐ Dual - Red and high intensity O White-High Intensity O Other

4. Location of Structure (s)

NB: For more than one (1) Structure use additional sheet(s) to indicate requirements 4&5

A. Coordinates:

Latitude: _____° _____' _____" N

Longitude: _____° _____' _____"W

B. Nearest City/Town/Village:

C. Site ID (if available):

5. Height and Elevation (to the nearest meters)

A. Height of Structure including all installations Above ground level (AGL) or water	
B. Elevation of ground above mean sea level (AMSL)	
C. Overall Height (i.e. A+B)	

Note: Upon receipt of this proposal, the designated inspector will assess the application and provide the applicant with a quotation. If the proposed location of the obstacle is critical, a site survey is then scheduled for which the applicant will provide transportation to and from the site.

I hereby certify that all the above statements made by me are true, complete and correct to the best of my knowledge. In addition, I agree to mark and light the structure in accordance with guidelines provided by GCAA.

Date	Name and Title of Person Filing Notice/Application	Signature