

Block 1. - Used to inform the USCG of your action intentions.

Block 2. - Used to inform the USCG of the establishment date intentions.

Block 3. - Used to inform the USCG of the length of proposed operation of the private aid.

Block 5. - River Mile/Area/Block/Well, description.

Block 6. - Specifies which ACOE method was approved including the approval number(s).

Block 4. - Used to briefly describe the private aid.

Do not document information in these blocks; for USCG use only

Leave (7a thru 7d) blank, but provide the required info in Blocks 7j or 8.

Block 7f thru 7i. should reflect the appropriate information.

Block 7a thru 7d, may be documented but if unsure, leave blank; However you must supply the required information in the comments/remarks sections.

Block 7j and block 8 should be used to provide required information for the respective aid(s) or attach info separately.

**\*NOTE:** Please provide as much information regarding the proposed private aid in the Remarks and Comments sections or attach separately.

Block 9a. thru 10a. - should reflect the appropriate information. Block 10a. should list the owner's mailing information including owner's phone number.

Block 10c. should be the date of signature. Block 10d. should be the original signature of the company representative.

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-2554 (Rev. 06-04)		PRIVATE AID TO NAVIGATION (See attached instructions and copy of Code of Fed. Reg., Title 33, Chap. 1, Part 66)					Form Approved OMB-1625-0011				
NO PRIVATE AID TO NAVIGATION MAY BE AUTHORIZED UNLESS A COMPLETED APPLICATION FORM HAS BEEN RECEIVED (14 U.S.C. 83; 33 C.F.R. 66.01-5).											
1. ACTION REQUESTED FOR PRIVATE AIDS TO NAVIGATION: A. <input checked="" type="checkbox"/> DISCONTINUE B. <input type="checkbox"/> CHANGE C. <input type="checkbox"/> TRANSFER OWNERSHIP		2. DATE ACTION TO START									
3. AIDS WILL BE OPERATED: A. <input checked="" type="checkbox"/> THRU TEMPORARILY UNTIL C. <input type="checkbox"/> ANNUALLY TO											
4. NECESSITY FOR AID (Continue in Block 8)		5. GENERAL LOCALITY			8. <del>CORPS OF ENGINEERS</del> AUTHORIZED THIS PERMIT OR LETTER (file and date)						
FOR DISTRICT COMMANDERS ONLY		7. APPLICANT WILL FILL IN APPLICABLE REMAINING									
LIGHT LIST NUMBER OR PAGE	NAME OF AID	NO. OR LTR. (7a)	LIGHT			POSITION (7e)	DEPTH OF WATER (7f)	CAN-DLE POWER (7g)	HT. ABOVE WATER (7h)	STRUCTURE TYPE, COLOR, AND HEIGHT ABOVE GROUND (7i)	REMARKS (See Instructions) (7j)
			PER. (7b)	FLASH LGTH. (7c)	COLOR (7d)						
						GPS coordinates Written as follows: 22-22-22.222 N 099-99-99.999 W or River mile marker, Bank side (LDB/RDB) or Geographic description					
8. ADDITIONAL COMMENTS											
9a. NAME AND ADDRESS OF PERSON IN DIRECT CHARGE OF AID				10a. NAME AND ADDRESS OF PERSON OR CORPORATION AT WHOSE EXPENSE				10b. THE APPLICANT AGREES TO SAVE THE COAST GUARD HARMLESS WITH RESPECT TO ANY CLAIM OR CLAIMS THAT MAY RESULT ARISING FROM THE ALLEGED NEGLIGENCE OF THE MAINTENANCE OR OPERATION OF THE APPROVED AID(S).			
9b. TELEPHONE NO.								10c. DATE		10d. SIGNATURE AND TITLE OF OFFICIAL SIGNING	
FOR USE BY DISTRICT COMMANDER						RECD. (CHART)		DATE APPROVED		SIGNATURE (By director)	
SERIAL NO.		CLASSIFICATION OF AIDS		U. N. M.							