



**APPLICATION FOR APPROVAL TO INSTALL
ALTER OR REMOVE AN AID TO NAVIGATION**

Revision 01

Approved By CEO

**FORM
SCR-07-10**

Pursuant to Part 2, Regulation 6 – (1) of the Maritime (Aids to Navigation) Regulations 2014

Applicant Details

Full Name:
Address:
Phone: Email:
Owner of proposed AtoN:

Work Description

Brief Description:
Reason for Application:

Type of Aid to Navigation: · Light · Lit Buoy · Buoy · Lit Beacon · Day Beacon · AIS, Racon
· Other (please describe):

Proposed Position
(WGS84 Datum): Latitude: Longitude:.....

Permanent or Temporary: · Permanent · Temporary

Aid to Navigation Name:

Details of Light

Light type: · Lateral · Cardinal · Lead · Sector · Transit · Isolated Danger
· Safe Water · Special mark · New Dangers mark

Colour: · White · White sectored · Green · Red · Yellow · Blue · Blue/Yellow

Nominal range:

Character:

Character sequence:

Obscured arcs:

Sectored arcs: Elevation (metres):

Elevation (metres):

Period of operation: · Night · Night and Day · Day · On Demand

For official use only

Date Received: Approved:
Chief Executive Officer

*Print, sign and forward with any attachments to:
The Manager, Safety, Compliance & Response, Maritime Safety Authority of Fiji, Level 4, Kadavu House, Suva.
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