

PRIVATE AID VERIFICATION FORM

AID NUMBER _____ LIGHT LIST NUMBER _____

AID NAME _____

AID CLASS I II III AID TYPE DBN LB ULB LT

OPERATION: SEASONAL PERMANENT LATERAL NON-LATERAL

INSPECTED GPS POSITION DEGREES-MINUTES-SECONDS

LATITUDE NORTH

LONGITUDE WEST

_____ - _____ - _____ _____ - _____ - _____

AID IS FOUND ON CHART # (CLASS I AND II ONLY) 12352 12358 13209

DOES CHARTED POSITION CORRESPOND TO ACTUAL POSITION Y / N

DEPTH OF WATER AT AID (BUOYS ONLY) _____ FT

IF AID IS LIGHTED WAS VERIFICATION CONDUCTED AT NIGHT Y / N

DOES AID CONFORM TO ADVERTISED INFORMATION IN LIGHT LIST Y / N
(IF NO EXPLAIN IN COMMENTS)

NAME OF VERIFIER _____ DATE OF
INSPECTION ____/____/____

AUX FLOTILLA NUMBER _____

CONTACT PHONE # _____ MEMBER # _____

COMMENTS: LIST ANY DISCREPANCIES AND OWNER OF AID (IF KNOWN)

