

## SITE STUDY REQUEST FORM

Client:								
Date: Pag								
То:	Aviation Systems, Inc.			From:	From:			
Attn:	Airspace Specialist Group			Location:				
Fax:	310-530-3850			Fax:				
Phone:	310-530-3188 <b>P</b>			Phone	none:			
☐ Initial Site ☐ Filing of F ☐ Filing of F ☐ Other ser	e with our contract, please perform the following services: Evaluation Form 7460 with FAA and appropriate State, if required Form 7460 for all sites vices – Use comment section below and Lighting Preferred for this site(s)			-	ASI Number:  Quads:			
SITE ID		SITE ELEVATION (a) (AMSL)	NEW STRUCTURE HEIGHT (b) (AGL)	EXISTING STRUCTURE HEIG (c) (Indicate type of structure and Heig of Antenna mount location)		OVERALL HEIGHT OF RESULTANT STRUCTURE (a) + (b) or (a) + (c)	LATITUDE/LONGITUDE  NAD 27  NAD 83	
COMMEN	<u>TS</u> :							

Note: Unless otherwise specified in the comments section, your request(s) will be completed within 5 business days.