

P XXXXXXZ XXX XX

FM (Servicing UNIT)

**TO CCGDTHIRTEEN SEATTLE WA//DPW/DRMC//**

**INFO** (Primary servicing UNIT as appropriate)

(Secondary servicing UNIT as appropriate)

(SECTOR/GROUP/STATION as appropriate)

**BT**

**UNCLAS //N16500//**

**SUBJ: ATON COMMISSIONING**

A. (Reference as appropriate).

**1. THE FOLLOWING AID(S) HAS (HAVE) BEEN COMMISSIONED FOR THE SEASON:**

**A. FULL AID NAME (LLNR-XXXX).**

**B. FULL AID NAME (LLNR-XXXX).**

2. AMPLIFYING INFORMATION.

**3. REQUEST IATONIS AND LIGHT LIST** (If required).

**4. REQUEST BNM.**

**BT**

**NNNN**

**NOTE: TEXT IN BOLD TYPE IS REQUIRED.**