

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 as appropriate)

BT

UNCLAS //N16502//

SUBJ: ATON ORDER COMPLETION

A. (ATON ORDER XXX-XX [Number/YR]).

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

A. **ACTION TAKEN:** (Established type and number of ATON).

B. **TECHNICAL DATA:** (Equipment, Position, BATT: 13XXXXXX, Depth etc.).

C. **ADDITIONAL INFORMATION:** (Any information that may assist explaining the new Navaid).

D. **REQUEST IATONIS, CHART, AND LIGHT LIST UPDATE** (If required).

E. **REQUEST BNM** (If required).

2. **FULL AID NAME (LLNR-XXXX)** (If more than one ATON to report).

BT

NNNN

NOTE: TEXT IN BOLD TYPE IS REQUIRED.