Obstacle Assessment Form

Project:	
Company:	
Project Contact:	
Phone Number:	
Email:	

Work Information

Start Date:		
End Date:		
Recurring Usage	Daily? ☐ YES ☐ NO	
Duration: (e.g. 2 weeks)		
Description/Area of Work: (Please include site map if available) Include all attachments with email submission		
Equipment Type	☐ Permanent (Note: Permanent Assessments may take up to 30 days to process)	
	☐ Mobile	
	☐ Other	
Site Elevation Ground (Above Sea Level)	ft/ASL	m/ASL

Adjacent Structure	ft	m
Maximum Obstacle Height to be reached during construction (Above Sea Level)	ft/ASL	m/ASL
Obstacle Position Coordinates (DMS format)	Latitude: 53	Longitude: 113
Site Footprint Coordinates for multiple obstacles (corners - DMS format)	Latitude:53 Longitude:113	Latitude:53 Longitude:113
	Latitude:53 Longitude:113	Latitude:53 Longitude:113
Additional Comments:		

ASO Authorization:

Name:

Signature

NOTAM Required: ☐ YES ☐ NO

EA File #

TC Reference #

NC Reference #

Special Conditions

Submit

Please download a copy of the form to your computer first in order to submit the form electronically. Contact techserv@flyeia.com for problems submitting.