



Date: _____

NAV Assessment File No.: _____

TC Assessment File No.: _____

Grande Prairie Airport Crane Assessment Form

APPLICANT

Company Name _____
Address _____
Contact Name _____ Email _____
Telephone _____ Mobile _____

SITE

Site Owner Name _____
Site Address _____
Contact Name _____ Email _____
Telephone _____ Mobile _____

CRANE OPERATOR

Site Owner Name _____
Site Address _____
Contact Name _____ Email _____
Telephone _____ Mobile _____

CRANE

Crane Type _____ Tower Crane Mobile Crane

Coordinates (NAD 83)

N Latitude _____ * _____ ' _____ "

W Latitude _____ * _____ ' _____ "

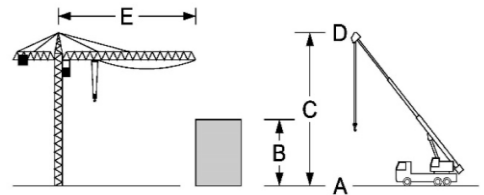
A Ground Elevation (ASL) _____ m _____ ft

B Structure Height _____ m _____ ft

C Crane Height _____ m _____ ft

D Maximum Elevation (A+C) _____ m _____ ft

E Swing Radius _____ m _____ ft



SCOPE OF WORK

DURATION OF CONSTRUCTION

Start Date _____ End Date _____

Hours of Operation _____ Lowered when not in use? Yes No

APPLICATION SIGNATURE

I hereby certify that the information provided is true, complete and correct to the best of my knowledge.

Applicant Name _____ Date _____

Signature _____