



iNOCC Tower Registration Form

Correspondence:
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CUSTOMER CONTACT INFORMATION

Contact Name:

Company Name:

Street:

City:

State:

ZIP Code:

Phone (Primary):

Phone (Secondary):

Email (Primary):

Email (Secondary):

Email (Third):

Phone Number Format : 9 (999) 999-9999

TOWER INFORMATION

Site ID (Optional):

Site Name:

IP/Phone Number:

ITL MON Type:

FCC/ASR Number:

If ASR not Available:

Aeronautical Study Number:

Latitude / Longitude : (Ex: 41-13-55.0N / 080-20-08.3W)

Height Above Ground Level: (Ex: 500 ft.)

Height Above Sea Level: (Ex: 1700 ft.)

Nearest City:

State:

Nearest Airport:

Light System Model: (ex.: ILS-3400, PC-312, etc.)

Activation Date:

NOTES

Please return completed form to inocc@itl-llc.com