

**U.S. Department of
Homeland Security**

**United States
Coast Guard**



LNM INFORMATION FORM

DATE: _____

NAME: _____

PHONE NUMBER: _____

COMPANY NAME: _____

TYPE OF WORK: _____

LOCATION WHERE WORK WILL BE DONE: _____

LAT/LONG: _____

BEGINNING/ENDING DATES: _____

HOURS OF OPERATION: _____

EQUIPMENT TO BE USED: _____

RADIO FREQUENCY (IF USED): _____

DISPOSAL SITES (IF USED): _____

PLEASE FAX FORM TO 617-223-8073 OR E-MAIL BACK