Flight Procedure Tracking Form	Action: CANCELLATION	Task Type: IAP	Date Open: 01/11/2012	Task #: 2012011128134001002	Request #: 20120111281340
Procedure: COPTER RNAV (GPS) 210 RWY ORIG		Airport ID: KJRA	Airport: WEST 30TH ST.		Reimbursable #:
City: NEW YORK	ST: NY	GPS #:		Estimated Chart Date: 09/20/2012	FICO #:
Fac ID:	Fac. Type:		Specialist: CNI Aviation Contractor Aishat Nauzo		

Procedure Review

	Rec'd	Rel'd	Full Name	Comments
Lead:				CAM 3-9 (CNI)
QA:	3/12 cc			
Liaison:				

Procedure Comments:

Remark Type: INFORMATION

ATTACHED FORM: 8260-7.

EFFECTIVE CONCURRENT WITH KJRA COPTER RNAV (GPS) 210.

CONTACT: DARRYEL ADAMS, DON SMITH, AJV-352 LEADS, 405.954.4824/1036

U.S. DEPARTMENT OF TRANSPORTATION --
FEDERAL AVIATION ADMINISTRATION -- FLIGHT STANDARDS SERVICE
COPTER RNAV SPECIAL INSTRUMENT APPROACH PROCEDURE -- FLIGHT STANDARDS SERVICE

Bearings, headings, courses, and radials are magnetic. Elevations and altitudes are in feet, MSL, except HAT, HAA, TCH, and RA. Altitudes are minimum altitudes unless otherwise indicated. Ceilings are in feet above airport elevation. Distances are in nautical miles unless otherwise indicated, except visibilities which are in statute miles or in feet RVR.

If an instrument approach procedure of the above type is conducted at the below named airport, it shall be conducted in accordance with a charted instrument approach procedure predicted on the specifications contained herein, unless an approach is conducted in accordance with a different procedure for such airport authorized by the Admistrator. Minimum altitudes shall correspond with those established for en route operation in the particular area or as set forth below.

SPECIFICATION - NOT FOR COCKPIT USE

TERMINAL ROUTES				MISSED APPROACH
FROM	TO	COURSE AND DISTANCE	ALTITUDE	MAP:

1. PT ____ SIDE OF COURSE ____ OUTBOUND ____ FT WITHIN ____ MILES OF ____ (IAF)
2. ____
3. FAC: ____ FAF: ____ DIST FAF TO MAP: ____ THLD: ____
4. MIN. ALT: ____
5. DIST TO THLD FROM OM: ____ MM: ____ IM: ____ 150 HAT: ____ 100 HAT: ____ GS ANT: ____
6. MIN GS INCPT: ____ GS ALT AT: ____ OM: ____ MM: ____ IM: ____
7. GS ANGLE: ____ TCH: ____
8. MSA FROM:

ADDITIONAL FLIGHT DATA:

MAG VAR: EPOCH YEAR:

TAKEOFF: SEE FORM 8260-15A FOR THIS AIRPORT

ALTERNATE: N A

CATEGORY =====>	COPTER														
	DH/MDA	VIS	HAT/HAA	DH/MDA	VIS	HAT/HAA	DH/MDA	VIS	HAT/HAA	DH/MDA	VIS	HAT/HAA	DH/MDA	VIS	HAT/HAA

NOTES:
PROCEDURE CANCELED EFFECTIVE ____
EFFECTIVE CONCURRENT WITH PUBLIC KJRA COPTER RNAV (GPS) 210, ORIG.

CITY AND STATE	ELEVATION: 7 TDZE:	FACILITY IDENTIFIER:	PROCEDURE NO./AMDT NO./EFFECTIVE DATE:	SUP:
NEW YORK, NY	AIRPORT NAME: WEST 30TH STREET HELIPORT AND VARIOUS HELIPORTS	**RNAV**	**COPTER RNAV (GPS) 210, ORIG, 02/23/2007**	AMDT: **NONE**
				DATED:

NOTES CONTINUED:

REASON FOR CANCELLATION - PUBLIC PROCDURE PUBLISHED.
VARIOUS OTHER HELIPORTS: DOWNTOWN MANHATTAN / WALL STREET HELIPORT (JRB), 404204.37N / 0740032.50W, 7, 211.63 / 11.71
EAST 34TH STREET HELIPORT,404433.37N / 0735819.50W, 10, 206.41 / 8.86

AIR CARRIER NOTES:

The procedure on the other side and the foregoing data are hereby:

FLIGHT CHECKED BY		
NAME:	FIFO	DATE:
DEVELOPED BY		
NAME: **DONALD E. SMITH (AISHAT NAUZO)**	FIFO **AJV-352**	DATE: **02/22/2012**
RECOMMENDED BY		
NAME: **DARRYEL ADAMS**	FIFO **AJV-352**	DATE:
APPROVED BY		
NAME:	REGION, FLT STANDARDS	DATE:

OPERATIONS SPECIFICATIONS -- AIRPORT

_____ holding Air Carrier Operating Certificate No. _____ hereby acknowledges receipt of Operations Specifications to operate into and out of the airport named on the other side as a ☐ Regular, ☐ Refueling, ☐ Alternate, ☐ Provisional for _____ airport with the following type aircraft:

Unless otherwise authorized in the Operations Specifications - Airport, an instrument approach of this type shall be conducted in accordance with the procedure specified on the other side and the air carrier minimums specified above with the following exceptions:

DATE: _____ RECEIVED FOR THE AIR CARRIER BY: _____ TITLE: _____
SIGNATURE

AMENDMENT NO. _____

BY DIRECTION OF THE ADMINISTRATOR _____ _____
SIGNATURE TITLE

EFFECTIVE DATE: _____