Flight Procedure Tracking Form	Action: CANCELLATION	Task Type: IAP	Date Open: 06/26/2012	Task #: 2012062622441201001	Request #: 20120626224412
Procedure: HI ILS Z RWY 15 ORIG		Airport ID: KBTV	Airport: BURLINGTON INTL		Reimbursable #:
City: BURLINGTON	ST: VT	GPS #:		Estimated Chart Date: 01/10/2013	FICO #:
Fac ID:	Fac. Type:		Specialist: KELLY DEAN		

Procedure Review

	Rec'd	Rel'd	Full Name	Comments
Lead:				
QA:	8/23 SS	10/11/12	DUALITY CHECKED	
Liaison:				

Procedure Comments: ENROUTE **Remark Type:** INFORMATION

~~8260-2: GUNZZ, CANCEL; HEETR, CANCEL~~.

8260-11 CANCELLATION

OCT 15 2012 MB

Federal Aviation Administration

Memorandum

Date: OCT 17 2012

To: NGB/A3OS
1411 Jefferson Davis Highway
Arlington, VA 22202-3231

From: Susan LW Crumb, Manager, Terminal Procedures & Charting Services – Eastern Products Team AJV-352

Subject: **ACTION:** Transmittal of Data

The attached FAA Form(s) for Burlington Intl, Burlington, VT (KBTV) are submitted for further processing.

Please return a signed copy for our files.

8260-11	HI ILS Z RWY 15, ORIG (CANCEL) HI ILS OR LOC/DME RWY 33, AMDT 3 (CANCEL)
8260-13	HI TACAN RWY 15, AMDT 2 (CANCEL)

The attached FAA Form(s) have been forwarded to NFDC.

8260-2	GUNZZ, NY REV 2* (CNCL)	HEETR, NY REV 2 (CNCL)

Attachments

UNITED STATES AIR FORCE
ILS STANDARD INSTRUMENT APPROACH PROCEDURE

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.

TERMINAL ROUTES			
FROM	TO	COURSE AND DISTANCE	ALTITUDE

MISSED APPROACH

ADDITIONAL FLIGHT DATA:

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: ____

MAG VAR: EPOCH YEAR:

MINIMUMS

TAKEOFF: NA STANDARD

ALTERNATE:

CATEGORY	A			B			C			D			E		
	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 ____

QUALITY CHECKED 1

CITY AND STATE	ELEVATION: 335 TDZE: 326	FACILITY IDENTIFIER:	PROCEDURE NO./AMDT NO./EFFECTIVE DATE:	SUP:
BURLINGTON, VT	AIRPORT NAME: BURLINGTON INTL	I-BTV	HI ILS Z RWY 15, ORIG, 10/25/2007	AMDT: NONE
				DATED

FAA FORM 8260 - 11 / February 1995 (computer generated)

ALL AFFECTED PROCEDURES REVIEWED?	COORDINATES OF FACILITIES	REQUIRED EFFECTIVE DATE
[ ] YES [X] NO		

COORDINATED WITH:

ATA	AAT	ALPA	APA	AOPA	NBAA	OTHER (specify)
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[X] ZBW, BTV ATCT

FLIGHT CHECKED BY		
NAME:	FIFO	DATE:

DEVELOPED BY		
NAME: KELLY DEAN	FIFO AJV-352	DATE: 08/23/2012

ENDORSED BY		
NAME:	FIFO	DATE:

CHANGES:

RECOMMENDED BY: OCT 17 2012
DARRYEL ADAMS, MANAGER, AJV-352

REASONS:

QUALITY CHECKED