

## APPENDIX B (VISITING MRU)

The undersigned commander acknowledges that the visiting Military Radar Unit (MRU), whose radio telephone call sign is " \_\_\_\_\_ " has:

1. Received a copy of this Letter of Agreement (LOA).
2. Been briefed on the LOA by EADS and will comply with all of its terms.
3. Completed coordination with Boston Center as required by the LOA.
4. Arranged acceptable communications for hand-off, traversal and spill-out notification with Boston Center.
5. Supplied Boston Center and EADS with an endorsed copy of Appendix B prior to assuming any MRU responsibilities.
6. Authority to operate under the terms of this LOA during the time period from \_\_\_\_\_ to \_\_\_\_\_. These times and dates include practice and weather delay days.
7. Point of contact: Tel# \_\_\_\_\_ E-Mail: \_\_\_\_\_
8. Assumed all duties and responsibilities of the MRU as covered in this LOA while Appendix B is in force unless specifically stated otherwise in paragraph 9. below.
9. Exceptions: (If no exceptions state none.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Name of Commander) Commander, \_\_\_\_\_  
(Unit Designator)

### APPENDIX C (VISITING AIRCREWS)

The undersigned commander acknowledges that the visiting Aircrews, whose Unit number is " \_\_\_\_\_ " has agreed to abide by the procedures contained in this Letter of Agreement (LOA) and has complied with the following items:

1. Received a copy of this LOA.
2. Been briefed on the LOA by one of the signatory Fighter Wings or Eastern Air Defense Sector, and shall comply with all of its terms.
3. Supply Boston Center and EADS with an endorsed copy of Appendix C prior to conducting operations in Boston Center SUA/ATCAA. This shall be faxed to Boston Center (603) 879-6410, and (603) 879-6855.
4. Authority is granted to operate under the terms of this LOA during the following time periods from \_\_\_\_\_ to \_\_\_\_\_. These times and dates include any practice or weather delay days.
5. Point of contact: Tel# \_\_\_\_\_ E-Mail: \_\_\_\_\_

Exceptions: (If no exceptions state none.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Typed name of Commander) Commander, \_\_\_\_\_  
(Unit Designator)