**AIM Department - ADM**

**AIP Change Request**

STANDARD INPUT FORMS

**For**

MET

Please fill out for further coordination

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| --- | --- |
| Date of validation |  |
| Airport name |  |
| ICAO code |  |
| Representative name |  |
| Phone number |  |
| E-mail address |  |

**Note:** Any attached pages should provide in PDF format with comments, only soft copy will be acceptable via email orCD, hand writings are not acceptable

**Textual Parts of AIP**

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| --- | --- | --- | --- | --- |
| Page (date) | Section | Subsection | Paragraph | Text of AIP Amendment |
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**OO-- AD 2.11 METEOROLOGICAL INFORMATION PROVIDED**

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| 1 | *Associated MET Office* |  |
| 2 | *Hours of service*  *MET Office outside hours* |  |
| 3 | *Office responsible for TAF preparation Periods of validity* |  |
| 4 | *Type of landing forecast*  *Interval of issuance* |  |
| 5 | *Briefing/consultation provided* |  |
| 6 | *Flight documentation*  *Language(s) used* |  |
| 7 | *Charts and other information available for briefing or consultation* |  |
| 8 | *Supplementary equipment available for providing information* |  |
| 9 | *ATS units provided with information* |  |
| 10 | *Additional information (limitation of service, etc.)* |  |

**GEN 2.7 SUNRISE – SUNSET**

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