**AIM Department - ADM**

**AIP Change Request**

STANDARD INPUT FORMS

**For**

CNS

Please fill out for further coordination

|  |  |
| --- | --- |
| 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Page (date) | Section | Subsection | Paragraph | Text of AIP Amendment |
|  |  |  |  |  |

**OO-- AD 2.18 ATS COMMUNICATION FACILITIES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Service designation* | *Call sign* | *Channel(s)* | *SATVOICE number(s)* | *Logon address* | *Hours of operation* | *Remarks* |
| **1** | **2** | **3** | **4** | **5** | **6** | **5** |
|  |  |  |  |  |  |  |

**OO-- AD 2.19 RADIO NAVIGATION AND LANDING AIDS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Type of aid, CAT of ILS (VAR For VOR/ILS ,)* | *ID* | *Frequency* | *Hours of operation* | *Site of transmitting antenna coordinates* | *Elevation of DME transmitting antenna* | *service volume radius from the GBAS reference Point* | *Remarks* |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | | | | | | | |