**AIM Department - ADM**

**AIP Change Request**

STANDARD INPUT FORMS

**For**

RAFO

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 |
|  |  |  |  |  |

**ENR 5.1 PROHIBITED, RESTRICTED AND DANGER AREAS**

|  |  |  |
| --- | --- | --- |
| ***Identification and Name******Lateral Limits*** | ***Upper Limit******Lower Limit*** | ***Remarks******Type of******Restriction/Hazard*** |
| **1** | **2** | **3** |
| ***PROHIBITED AREAS*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***RESTRICTED AREAS*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***DANGER AREAS*** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |