

AIM DEPARTMENT NOTAM REQUEST FORM



PART 1: ORIGINATOR AND NOTAM DETAILS

ORIGINATOR	CONTACT NO.	-
NOTAM TYPE	NEW	REPLACE
		CANCEL
ICAO IDENTIFIER	AFFECTED AREA	
VALID FROM	DATE	TIME
VALID TILL	DATE	TIME
SCHEDULE		TOTAL DAYS
		UTC
		LOCAL
TO AIP SUP FROM	TILL	
NOTAM TEXT		Q-CODE

LOCATION	MAIN COORDINATE
LOWER LIMIT	UPPER LIMIT
	MSL / FL
	OBSTACLE

PART 2: CAA AUTHORITY

THIS NOTAM REQUEST IS (AUTHORIZED NOT AUTHORIZED) FOR PROMULGATION

BY	NAME	CONTACT NO.
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PART 3: DGAN AUTHORIZED PERSON

REMARKS

TITLE

NAME

DATE

ISSUED AS