

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 UTC

VALID TILL DATE TIME TOTAL DAYS LOCAL

SCHEDULE

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.

PART 3: DGAN AUTHORIZED PERSON

REMARKS

TITLE

NAME

DATE

ISSUED AS