|  |
| --- |
| **References:**  CAR Part 71  **Instructions:**   1. The CAA Standard Rate hourly charge applies.   An application for a permanent airspace change must be submitted at least 90 days prior to the effective date to:  **The Director**  **Civil Aviation Safety Authority of Papua New Guinea**  **PO Box 1941,**  **BOROKO 111**  **Papua New Guinea**  [ANS@casapng.gov.pg](mailto:ANS@casapng.gov.pg)   1. Please ensure all documents and applicable fees are enclosed. No application will be processed until all required documentation and applicable fees are received. |

1. **Organisation Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Person completing application** | |  | |
| **Legal name of organisation:** | |  | |
| **Trading or Division name:** | |  | |
| **CA Client No: (if known)** | |  | |
| **Tel:** |  | **POC Email:** |  |

1. **Reason for Application** (*Please include the reason and purpose to describe why the airspace is necessary. Refer to CAR Part 71 for information on all airspace designation and classification requirements.*)

|  |  |
| --- | --- |
| **Activity or event:** |  |

1. **Designation details**

| **Type of designation requested:** | | |
| --- | --- | --- |
| **Controlled Airspace (Subpart B)** | | **Special Use Airspace**  **(Subpart D)** | | | **Transponder and ADS-B Mandatory Airspace (Subparts E and G)** | | **Miscellaneous Provisions**  **(Subpart F)** | |
| Control Areas: |  | Restricted Areas: | |  | Transponder Mandatory Airspace: |  | Visual Reporting Points: |  |
| Control Zones: |  | Danger Areas: | |  | ADS-B Mandatory Airspace: |  | Area QNH Zones: |  |
| Aerodrome Traffic Zones: |  | Prohibited Areas: | |  |  |  | Mountainous Zones: |  |
|  |  | Military Operating Areas: | |  |  |  |  |  |
|  |  | Low Flying Zones: | |  |  |  |  |  |
|  |  | Mandatory Broadcast Zones: | |  |  |  |  |  |
|  |  | Volcanic Hazard Zones: | |  |  |  |  |  |
|  |  | Temporary Airspace: | |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Status Requested** |  | Permanent |  | Temporary |
| **Activation**: timing or means  *(indicate times of activity, or active by day, or active by NOTAM)* |  | | | |
| **Location**: area or aerodrome |  | | | |
| **Lateral** **dimensions**  *(Indicate using a radius or significant features or geographical coordinates in WGS-84: GPS datum)* |  | | | |
| **Vertical dimensions**  *(Give lower and upper limits in feet; state whether above mean sea level: AMSL or above ground level: AGL)* |  | | | |

1. **Administrating Authority, Using Agency or ATC unit**

|  |  |
| --- | --- |
| **Agency**  *(Indicate which agency will act as an administering authority for a restricted area or MOA, a using agency for a danger area or low flying zone, or an ATC unit if controlled airspace)* |  |
| **If designated, airspace contact:** *Full name and position* |  |
| **Contact details** or frequency |  |

1. **Evidence of consultation and other information**

|  |  |
| --- | --- |
| **Please provide full details of organisations and individuals you have consulted and coordinated with regarding this application**  *eg. Organisation name, person contact detail(s), person’s role, email address and contact phone number(s)* |  |
| **Please provide details or copies of any agreements reached and records of discussions or written submissions** |  |
| **Please provide details of any identified hazards and the associated risks (eg. risk register, safety case etc), including how these are evaluated and managed** |  |
| **Additional comments:** |  |