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| **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 1. Please ensure all documents and applicable fees are enclosed. No application will be processed until all required documentation and applicable fees are received.
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1. **Organisation Details**

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| **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.*)

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| **Activity or event:** |       |

1. **Designation details**

| **Type of designation requested:** |
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| **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: |[ ]   |  |  |  |

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| **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**

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| **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**

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| **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:** |       |