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| **NOTAM PROMULGATION REQUEST FORM** | | | | | | | | | | | | | | |
| FAX: 64833044; Group EMAIL: CAAS-ATSATCSO-SATCC (internal); [CAAS\_DNB@caas.gov.sg](mailto:CAAS_DNB@caas.gov.sg) (external)  Call NOTAM Officer at TEL: 65956053 after faxing or emailing form | | | | | | | | | | | | | | |
| **To be completed by NOTAM Originator** | | | | | | | | | | | | | | |
| Tick one of the boxes for the NOTAM Type | | | | | | | | | | | | | | |
| **NOTAMN** (NEW) (for a New NOTAM)  **NOTAMR** (REPLACE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (indicate the NOTAM NR of the previous NOTAM which is to be replaced)    **NOTAMC** (CANCEL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (indicate the NOTAM NR of the previous NOTAM which is to be cancelled) | | | | | | | | | | | | | | |
| **A)** | **FIR** or **AERODROME**  The location of the activity | | Circle the FIR or Aerodrome where the activity is taking place | | | | | | | | | | | |
| **WSJC WIIF / WSJC / WSSS / WSSL / WSAP / WSAT / WSAG** | | | | | | | | | | | |
| **B)** | **START DATE-TIME (UTC)**  Indicate when activity begins in: Year/Month/Date/Hour/Minute | | **Y** | **Y** | **M** | **M** | **D** | **D** | **H** | | **H** | **M** | **M** |  |
|  |  |  |  |  |  |  | |  |  |  |
| **C)** | **END DATE-TIME (UTC)**  Indicate when activity ends in:  Year/Month/Date/Hour/Minute | | **Y** | **Y** | **M** | **M** | **D** | **D** | **H** | | **H** | **M** | **M** |  |
|  |  |  |  |  |  |  | |  |  |  | **EST / PERM**  (if applicable) |
| **D)** | **BREAK-UP IN TIMINGS**  Fill this only if there is a break  in-between timings, example:  SEP 24 0100-0200, 28 0500-0800 | | Indicate specific active periods, in-between the start and end timings, if any. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **E)** | **NOTAM TEXT** | | Free text. Use ICAO abbreviations. Coordinates format: 012530N1035635E | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **F)** | **LOWER HEIGHT**  **LIMIT**  (if any) | Circle or fill-in one of the appropriate Lower Height Limits | | | | | | | | Remarks | | | | |
| **SFC** or **GND**  or **FL**\_\_\_\_\_\_\_\_\_ or  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**FT AMSL**  or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**FT AGL**#  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**M AMSL** or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**M AGL**# | | | | | | | | # If AGL is selected, provide the terrain elevation in feet: \_\_\_\_\_\_\_\_\_\_\_\_\_FT | | | | |
| **G)** | **UPPER HEIGHT**  **LIMIT**  (if any) | Circle or fill-in one of the appropriate Upper Height Limits | | | | | | | | Remarks | | | | |
| **UNL**  or **FL**\_\_\_\_\_\_\_\_ or  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**FT AMSL**  or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**FT AGL**#  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**M AMSL** or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**M AGL**# | | | | | | | | # If AGL is selected, provide the terrain elevation in feet: \_\_\_\_\_\_\_\_\_\_\_\_\_FT | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), confirm that the aeronautical data and information set out in this form complies with data quality specifications such as accuracy, resolution, integrity, traceability, timeliness, completeness and format on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(time)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation / Division of Originator Signature Contact NR (24 hours) | | | | | | | | | | | | | | |
| **To be completed by NOTAM Office** | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of NOTAM Officer / Date Name of NOTAM QC | | | | | | | | | | | | | | |