

Aeronautical Information Promulgation Advice Form (AIPAF)

| то: Aeronautical Information Service | | | | | 1 Originator: | | Date: | | |
|--------------------------------------|-----------------|----------------|---|--|---|------------|-----------------------------------|-------------|-------|
| Department | | | | | Section: Contact No.: | | | | |
| | | | | | | | | | _ |
| 2 AIP Reference (as applicable) | | | | 3 AI for Promulgation: NEW REPLACEMENT CANCELLATION | | | | | |
| | | | | | Reference NOTAM/AIP SUP/AIC (as | | | | _ |
| AIP Section | Page (date)* | Paragraph | Line | Column | 4 Start of Activity (as applicable (YYMMDDHHmm) UTC | le) | End of Validity (as (YYMMDDHHm | |) |
| | | | | | | | | | |
| | | | | | 5 Day/Time Schedule (as applic | cable): | | | |
| | | | | | | | | | |
| 6 | | Text of N | OTAM, AIP | Amendm | ent, Supplement and/or AIC <i>(use</i> | extra sh | eets if necessary) | | |
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| 7 | | Value: | U | nit: | | Value: | Unit: | | |
| Lower Limit | (as applicab | le): | | | Upper Limit (as applicable): | | | | |
| | | | | | | | | | |
| *All AIP Pages | affected by | each amendme | ent should | 8 Data | Originator: | | | | |
| be quoted. | , an eccea sy | each annen ann | 31.0 31.0 4.4 | | _ | | | | |
| be quoteu. | | | | | | | | | |
| Notes: (for AIS Use only) | | | | Name/Signature | De | esignation | Date | | |
| | | | | | | | | | |
| | | | | 1 | currence: | | | | |
| | | | | 1 | rvice/Office/Facility has/have been | consulte | d in respect to policy | and/or accu | iracy |
| | | | | 1 | mation. | | | | |
| | | | | Service | /Office/Facility: | | | | |
| | | | | | | | | | |
| | | | | | Name/Signature | | Designation | Date | |
| | | | | | | | 8 | | |
| | | | | 9b Rec | ommend Approval <i>(Airport Mana</i> | ger): | | | |
| | | | | | | | | | |
| | | | | | Name/Signature | | Designation | Date | |
| | | | | | ivairie/ Signature | | Designation | Date | |
| 10 Approving | Authority: | | | | | | | | |
| | | | | | | | | | |
| Nama/Signatura | | | | Designation | | Date | | | |
| Name/Signature | | | | | | | | | |

Aeronautical Information Promulgation Advice Form (AIPAF)

INSTRUCTIONS

- a. This form can be accomplished through handwritten or computerized;
- b. May add additional page/s as needed; and
- c. To be filled out by the designated AIS Specialist and/or Data Originator.

| | ITEM | DESCRIPTION |
|----|-------------------------------|---|
| 1 | Originator | Fill-up the Originator Tab (Name of the Person accomplishing the AIPAF) including |
| | | Section or Organization, Date and Contact Number |
| 2 | AIP Reference | Indicate the AIP References (as applicable) AIP Section, Page (date), Paragraph, Line and Column |
| | | Fill-up the Aeronautical Information (AI) for Promulgation; Check the box if New, |
| 3 | Al for Promulgation | Replacement or Cancellation. Indicate the Reference number (as applicable) NOTAM, AIP Supplement/AIC. |
| 4 | Start and End of Validity | Indicate the Start of Activity and End of Validity (indicate PERM or EST) |
| 4 | Start and End of Validity | YYMMDDHHMM format |
| | | Indicate the Day/Time Schedule (as applicable) |
| 5 | | The start of the first activity in Item D) shall always correspond to the Item B) date |
| | Day/Time Schedule | and time. |
| | | The end of the latest activity period notified in Item D) shall always correspond to the |
| | | end of the validity of the NOTAM given in Item C). |
| | Text of NOTAM, AIP | |
| 6 | Amendment, Supplement and AIC | Indicate the text of NOTAM, AIP Amendment, Supplement and/or AIC |
| | | Lower Limit (Value and Unit) |
| | | Upper Limit (Value and Unit) |
| _ | Laurar and Hanar Limit | If the subject is a "Navigational Warning" or "Airspace Reservation", then Lower and |
| 7 | Lower and Upper Limit | Upper Limits are mandatory. |
| | | Lower and Upper limit must be in AMSL. For AGL, the Data Originator must indicate |
| | | the lowest and highest terrain elevation within the area. |
| 8 | Data Originator | Name, Designation, Date of the Data Originator |
| | | Name, signature and date of the appropriate authority of the service that has been |
| 9a | Concurrence | consulted in respect of policy and accuracy of information. |
| | | Indicate the name of the Service, Office or Facility |
| 9b | Recommend Approval | Name, signature and date of the Airport Manager or his/her equivalent to |
| | | recommend approval of the AIPAF |
| 10 | Approving Authority | Name, Designation, Date of the Approving Authority |
| | Notes | Coordination log of the AIS Specialist from the Data Originator |