

Airservices Australia NOTAM Request Form



To: Australian NOTAM Office

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Office use only	Group	Originator	NOTAM directory	IAIP	QCode	T/P/S	INTL Abbrev	Summary line
Item A)	Location	AD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FIR _____ Airspace _____
NOTAM N	New							
NOTAM R	Review (extend/amend)	NOTAM No: _____						
NOTAM C	Cancel (Item B must be WIE)	NOTAM No: _____						
Template Number (if applicable): _____								
Date/Time Convention	Eastern Standard	Central Standard	Western Standard	UTC/Zulu (preferred)	Eastern Daylight	Central Daylight		
Item B)	Start time	Date (YYMMDD) _____	Time (HHMM) _____		Immediately (WIE)			
Item C)	Finish time	Date (YYMMDD) _____	Time (HHMM) _____		Confirmed			
		<i>(leave blank for all CNL NOTAM)</i>		or	Permanent	Estimated (requires review or cancellation)		
Item D) (optional)	Periods of Activity	FROM _____ TO _____						
Individual timings (YYMDDHHMM)		FROM _____ TO _____						
Daily timings (HHMM)		FROM _____ TO _____						
		OR	FROM _____ TO _____					
HJ		FROM _____ TO _____						
HN		FROM _____ TO _____						
		FROM _____ TO _____						
Item E)	New / Review – Full text of NOTAM to be included		or	Cancel – First line of NOTAM only				
Obstacle NOTAM		Has the obstacle been assessed by Airservices IFP?		Yes	Assessment code: _____			No impact
				No				Not required
Item F) (optional)	Lower Limit:	Flight Level _____		Item G) (optional)	Upper Limit:	Flight Level _____		
SFC or _____		Feet AGL _____		*UNL or _____		Feet AGL _____		
<i>(Leave blank for cancellations)</i>		Feet AMSL _____		<i>(Leave blank for cancellations)</i>		Feet AMSL _____		
NAIPS User Name: _____				NOTAM Group Name: _____				
Contact Name: _____				Phone Number: _____				
Email: _____								
Organisation: _____								
ORIGINATOR MUST CHECK NOTAM FOR ACCURACY AFTER ISSUE Automatic email transmission of NOTAM can be arranged with the NOTAM Office.								