



NOTAM REQUEST APPLICATION

CMP-03_v20191015

EVENT DETAILS

Discipline: Hang Gliding [] Paragliding [] Powered Paragliding [] Weightshift Microlighting []

Instructor's or Competition/Event Organisers Name: _____

Phone: _____ Email: _____

Location: _____

Note: Approval for access and use must be obtained, from site owner or administrator.

NOTAM DETAILS

1. The date of the first day AND the last day of the event. (When a NOTAM is required)(use DD/MM/YYYY format)

START DATE: / / FINISH DATE: / /

2. The starting time AND finishing time of each day's events (use UTC Time YYMMDDHHMM)

(START TIME: FINISH TIME:

3. The location of the event. (use aerodrome name or location and use DD MM SS/DDMMSS or DDMM.mm/DDMM.mm format).

LOCATION: COORDINATES:

4. Provide details of the size of the area of operation of the event. (Coordinates defining the area or a radius from a point etc.)

AREA OF OPERATIONS:

6. Provide the maximum ceiling of the event. (Specify whether AGL, AMSL or FL)

CEILING OF OPERATIONS:

7. Will tug aircraft be used at this event ? Yes. No

8. Will VHF radios be used? (Specify whether by participants or group representative)

Freq. MHz

9. Provide a description in NOTAM format (see example)

```
INTENSE HANG GLIDING ACT (UP TO 40
PARTICIPANTS) OPR WI 50NM RAD OF MT BORAH
(PSN 30 40.7S 150 36.5E)
BRG 322 MAG 27.2NM FM TAMWORTH AD (YSTW)
HANG GLIDERS WILL REMAIN IN CLASS G
AIRSPACE
CTC ORGANISER TEL: 04XX XXX XXX
```

REQUESTS MUST BE MADE AT LEAST FOURTEEN DAYS PRIOR TO COMMENCEMENT OF OPERATIONS

Office Use:

Approved and lodged by:

Date: