***Application for Aeronautical Information Publication (AIP) amendment***

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| AIP information is submitted through AIP authorised originators. This form should only be completed for information changes or updates that require the Civil Aviation Authority (CAA) approval or oversight.An application for Aeronautical Information Publication (AIP) amendment change must be submitted at least 90 days [prior to the effective date](https://www.aviation.govt.nz/assets/airspace-and-aerodromes/AIPNZ-Update-Cycle-for-2023.pdf) by either: ***Email:***[*aeronautical.services@caa.govt.nz*](mailto:aeronautical.services@caa.govt.nz)  ***Post:*** *Manager Aeronautical Services, Civil Aviation Authority, PO Box 3555, Wellington 6140*   1. ***Incomplete applications, and those requiring further information on request from CAA will not proceed.*** |

1. **Organisation details**

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| --- | --- | --- | --- | --- | --- |
| Person completing application | | |  | | |
| Legal Name of Organisation | | |  | | |
| Trading or Division name | | |  | | |
| CAA Participant Number (if known) | | |  |  | |
| Tel |  | Email |  | | |
| Purchase order number (optional) | | |  | |  |

1. **Which publication requires amendment?**

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| --- | --- | --- |
| AIP | AIP SUP/AIC | VNC |
| ENRC | Aerodromes | Common Frequency Zone (CFZ) |
| Aviation Events\* | VNC Symbols | Parachuting Landing Area (PLA)\*\* |
| Others: | |
| *Note:*  *\*Airspace application must be completed for aviation events requiring special use airspace.*  *\*\* PLA must be designated by a CAR Part 149 organisation, and confirmation accompany any application* | | |
| **Status Requested** | Permanent | Temporary |
| **Activation from – date/time** | *Eg. dd/mm/yyyy – 0000 NZDT/NZST* | |
| **Location** - area or aerodrome |  | |

1. **Details of the required AIP amendment**

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| --- | --- |
| Purpose of AIP amendment:  *Explain the change and provide background to any change.*  *Please provide full details of text amendment or chart amendment.* |  |

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 amendment**  *eg. Organisation name, person contact detail(s), email address and contact phone number(s)* |  |
| **If applicable, please provide copies of any agreements reached and records of discussions or written submissions** |  |
| **If applicable, please provide details of any identified hazards and the associated risk (eg. risk register), including how these are evaluated and managed** |  |
| **Additional comments/information:** |  |