

NOTAM Request

Airspace

1) NOTAM Type (select one)

☐ New
 ☐ Replaces NOTAM Ref#: _____
 ☐ Cancels NOTAM Ref#: _____

2) Location Information

Geographical Coordinates:

(DDmmssN DDDmmssW)

Radius:

_____ ☐ feet
 _____ ☐ NM

3) Total Duration (If greater than 3 months, refer to the instructions)

Start: (select one)

☐ Immediate

☐ _____ UTC
 (YYMMDDHHmm) - CNOP 1.5 advance notice

End: _____ UTC
(YYMMDDHHmm)

Estimated Yes No

Schedule: (if applicable)

4) Description (type of activity/restriction, area coordinates, other details including French text as applicable)

5) Altitude / Height Characteristics (altitudes and terrain elevation of activity/restriction)

Surface or Lowest Altitude:

☐ FT AGL
 _____ ☐ FT AMSL
☐ FL

Highest Height/Altitude:

☐ FT AGL
 _____ ☐ FT AMSL
☐ FL

Terrain Elevation:

_____ FT AMSL

6) Administrative Information

Originator Name: _____

Company/Department: _____

On Behalf of Company: _____

Phone #: _____ Email: _____

Other Information: _____