NOTAM REQUEST FORM

AIRWAYS NEW ZEALAND

PART 1 : CONTACT DETAILS			
Contact Person			
Contact Person			
Title			
Contact Telephone	( )	Number of pages (including this page)	

****A copy of the issued NOTAM will be sent to the aerodrome Operator designated Fax or Email for verification****

PART 2 : NOTAM DETAILS			
NOTAM Type		New ☐ Cancel* ☐ Replace* ☐	
*If you selected CANCEL or REPLACE, please indicate the previous NOTAM number -->			
A	Location		
B	Valid From Time	UTC/Local	**FORMAT** - YYMMDDhhmm
C	Valid To Time	UTC/Local	**FORMAT** - YYMMDDhhmm
D	Daily Schedule		
E	NOTAM Text		
		Extra Text Attached ☐	
F	Lower and Upper Limit	FEET	

PART 3 : AUTHORISATION			
The information in this NOTAM request is declared as accurate/authorized for promulgation.			
Name			
Signature		Date	

FAX REQUEST TO: (03) 358 9192

For information on how to complete this form, please refer to the booklet *"Publishing and NOTAM Guidelines for Aerodrome Operators"*, available on the Airways New Zealand IFIS website (www.ifis.airways.co.nz) under the "Publications" section.