DoAT/Form/ 005/ *Annexure - VIII*

NOTAM REQUEST FORM

TO :NOTAM OFFICE **Phone** *(975) 8 272760* **FAX** *(975) 8 272307* **AFTN:- VQPRYNYX**	**FROM :**

REPORTING OFFICER : .....….....
(NAME)

TELEPHONE:..... **FAX :** .....

NOTAMN ☐ **NOTAMR** _____ *(Number)* **NOTAMC**_____. *(Number)*

LOCATION **A)** _____
(AERODOME NAME)

START TIME **B)** _____
(Date & Time in **UTC**)

FINISH TIME **C)**_____
(Date & Time in **UTC**)

PERIODS OF ACTIVITY **D)**_____

COORDINATES/HEIGHT/RADIUS OF ACTIVITIES (IF ANY)_____

TEXT OF NOTAM **E)**_____

_____

_____

_____

_____
(PLAIN TEXT)

(Signature with official Seal)

Please send a copy of the NOTAM to the originator

Action Taken NOTAMN…….. NOTAMC…… NOTAMR……..AIC No….....…

SIGNED:.....**DATE/TIME:**.....
(ACTION OFFICER)

Note: 1. Use separate form for more than one activity
2. Extension or Withdrawal of the activities should report on time to AIS Office for further NOTAM action