



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