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| http://sjo.transportstyrelsen.se/behguideweb/Logga/TS_Sv_2V_Blue2.jpg**Civil Aviation Authority**  | **APPLICATION FOR FLIGHT PROCEDURES AND AIRSPACE**  |

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| **Complete all relevant fields in the form and submit to the Civil Aviation** **Authority. If the application only concerns Airspace, leave all flight procedure fields empty.** | TransportstyrelsenSektionen för luftrum och flygplatserSE-601 73 Norrköping, SWEDEN. |
| **Type of Submission (Check one or several)** [ ]  New flight procedure/s [ ]  Revised flight procedure/s [ ]  New Airspace [ ]  Revised Airspace [ ]  Other change, specify:  |  |
| **Type of Flight Procedures (Check one or several)**[ ]  Conventional Flight Procedures [ ]  PBN Flight Procedures[ ]  Conventional SID/STAR [ ]  PBN SID/STAR |  |

# This form is designed for organisations applying for new/revised flight procedures/airspace. The form with supporting documentation shall be submitted to the Civil Aviation Authority; luftfart@transportstyrelsen.se. The application can also be sent to Civil Aviation Authority, Section for Airspace and Aerodromes, to the address above.

**A. Dates of importance**

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| 1. Date of application (DD/MON/YEAR)      | 2. Date of instrument procedure design (DD/MON/YEAR)      |

**B. Airport details**

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| 1. Airport name      | 2. Airport ICAO Location Indicator      |
| 3. Name of Organisation       | 4. Contact Name      |
| 5. Address      | 6. E-mail      |
| 7. Telephone      | 8. Organisation number      |

**C. Applicant details (if other than an airport – enclose letter of attorney)**

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| 1. Contact Name      | 2. Name of Organisation      |
| 3. Address      | 4. E-mail      |
| 5. Telephone number      | 6. Organisation number      |

**D. Procedure designer details**

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| 1. Procedure designer, name and e-mail      | 2. Flight procedure design organisation      |
| 3. Procedure designer telephone number      | 4. Ground validation performed by procedure designer, name      |

# E. The scope and purpose of the change

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| 1. Specify the change requested by the airport (e.g. approach type, minima lines)      |
| 2. Specify the reason for the change      |

# F. Indicate the operational consequences of the change in accordance with TSFS 2015:1 11 §

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# G. Indicate if other conditions at own or adjacent airport will be affected (e.g. if flight procedures are fully protected by the airspace, adjacent airspace affected)

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# H. Data sources and valid date for the data used in the design (e.g. obstacle survey, terrain data, wind data)

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# I. Exception from TSFS 2015:1 6 § regarding standards, recommendations and regulations

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**J. Flight validation**

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| 1. Flight validation performed (Yes/No) (if Yes, when) (if No, specify why)      |
| 2. Flight validation organisation (if validation performed)      | 3. Flight validation pilot, name      |

# K. Other information

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