

AERONAUTICAL INFORMATION PROMULGATION ADVICE FORM

AIP AMENDMENTS, AIP SUPPLEMENTS, NOTAM AND AIC						
Note: All portions of this form must be completed. One copy of this form should be submitted for each section of the AIP involved (e.g. AD, ENR, GEN)						
Date:						
To: AIS Staff Member		Name:		Job Title:		
Telephone:						
Copy to: AIS Staff Member		Name:		Job Title:		
Originator:						
Company:						
Role:						
Telephone Number:			Fax Number			
Operation performed: New, Amended or withdrawn data and date						
Approver & Date of Approval						
Approval needed before publication?			YES		NO	
Originator's file reference (optional)	AIP references (as applicable)				Effective date	For promulgation by #
	Page (date)*	Para.	Line	Col.		
Text of AIP Amendment, AIP Supplement, NOTAM or AIC: <i>(if space provided is not enough use blank page and attach to the form)</i>						
*All AIP pages affected by each amendment should be quoted. # Insert 'a', 'b', 'c', 'd' or 'e' where applicable: a – AIP Supplement and subsequent inclusion in AIP reprint page. b – AIP page, when next due for reprinting (AIP Supplement not required) c – AIP Supplement only (i.e. temporary information). d – AIC e - NOTAM						
AIRAC – if applicable but not applied state reason:						
SIGNATURE OF ORIGINATOR		NAME IN BLOCK LETTERS			DATE	
Action by AIS:						
The accuracy of the above particulars and/or the attached				<i>(number of pages)</i>		pages
have been verified and are authorized for publication.						
SIGNATURE OF MANAGER: AIS		NAME IN BLOCK LETTERS			DATE	