

FAX : + 264 61 702088
PHONE : + 264 61 702087
AFS : FYWHYNYX
Email : notam@dca.com.na
 aisc@dca.com.na
Website: www.dca.com.na



NAMIBIA CIVIL AVIATION AUTHORITY

AERONAUTICAL INFORMATION MANAGEMENT

Document No:
SSI-001 F-01

Title: NOTAM Request Form

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A - CONTACT DETAILS

Contact Person			
Title			
Telephone			
Email			
Fax No.		Number of Pages (Including this page)	

B - NOTAM DETAILS

NOTAM TYPE	New	<input type="checkbox"/>	Cancel	<input type="checkbox"/>	Replace	<input type="checkbox"/>
Previous NOTAM Number for Cancel or Replace						
A	Location					
B	Valid From Time	UTC	FORMAT:YYMMDDhhmm			
C	Valid To Time	UTC				
D	Daily Schedule					
E	NOTAM Text					
F	Lower and Upper limit					

C - AUTHORIZATION

I declare that the information in this NOTAM request is accurate and authorized for dissemination

NAME	
SIGNATURE	
DATE	