



HANG GLIDING FEDERATION OF AUSTRALIA

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NOTAM REQUEST APPLICATION

ADM-04_V20150902

EVENT DETAILS

Discipline: Hang Gliding [] Paragliding [] ~~Wing~~ Weightshift Microlighting []

Instructor's or Competition/Event Organisers Name: _____

Phone: _____ Email: _____

Location: _____

Note: Approval for access and use must be obtained, from site owner or administrator.

NOTAM DETAILS

1. The date of the first day AND the last day of the event. (When a NOTAM is required)

START DATE: / / FINISH DATE: / /

2. The starting time AND finishing time of each day's events

START TIME: FINISH TIME:

3. The location of the event. (Include the name of the aerodrome or place and Latitude, Longitude coordinates).

LOCATION: COORDINATES:

4. Provide details of the size of the area of operation of the event. (Coordinates defining the area or a radius from a point etc.)

AREA OF OPERATIONS:

6. Provide the maximum ceiling of the event. (Specify whether AGL, AMSL or FL)

CEILING OF OPERATIONS:

5. Provide a contact name and mobile number for a responsible person and their title. (e.g. Event Director)

NAME:

CONTACT NUMBER:

TITLE:

REQUESTS MUST BE MADE AT LEAST FOURTEEN DAYS PRIOR TO COMMENCEMENT OF OPERATIONS

Office Use:

Approved and lodged by:

Date: