AIM DEPARTMENT
NOTAM REQUEST FORM

هيئة الطيران المدني
CIVIL AVIATION AUTHORITY

PART 1: ORIGINATOR AND NOTAM DETAILS

ORIGINATOR | CONTACT NO. | -

NOTAM TYPE ☑ NEW [A] ☐ REPLACE ☐ CANCEL

ICAO IDENTIFIER | AFFECTED AREA

VALID FROM DATE | TIME | ☐ UTC

VALID TILL DATE | TIME | TOTAL DAYS | ☐ LOCAL

SCHEDULE

TO AIP SUP FROM | TILL

NOTAM TEXT | Q-CODE

LOCATION | MAIN COORDINATE

LOWER LIMIT | UPPER LIMIT | MSL / FL | ☐ OBSTACLE

PART 2: CAA AUTHORITY

THIS NOTAM REQUEST IS (☐ AUTHORIZED ☐ NOT AUTHORIZED) FOR PROMULGATION

BY | NAME | CONTACT NO.

PART 3: DGAN AUTHORIZED PERSON

REMARKS [NOTE1:]

TITLE

NAME

DATE

ISSUED AS

Attachment | Submit | SAVE | RESET

Duty Hours (24/7): Contact NOTAM Coordinator - TEL: 24354950 E-Mail: notam@caa.gov.om

NOTE: Minimum 1 day advance notice is required excluding urgent requests