Application for flight procedures and airspace

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, and vice versa.

Type of submission **(check one or several)**

☐ New flight procedure/s ☐ Revised flight procedure/s ☐ Removal of flight procedure/s

☐ New Airspace ☐ Revised Airspace ☐ Other change, specify:

Type of flight procedures **(check one or several)**

☐ Conventional flight procedures ☐ PBN flight procedures ☐ ATS-routes

☐ Conventional SID/STAR ☐ PBN SID/STAR

This form is designed for organisations applying for new/revised flight procedures/airspace.

All relevant fields must be filled in even if information is referenced in documents.

A. Dates of importance

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

B. Airport details

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. Billingaddress (if different from postal address)

1. The airport´s legal entity name	
2. Address	
3. Postal code	4. City
5. Telephone	6. E-mail
7. Other information with regards to billing if applicable (e.g. other organisation number, reference, cost center, buyer reference, attention to)	

D. Applicant details if other than an airport (enclose letter of attourney)

1. Name of organisation	2. Contact name
3. Address	4. E-mail
5. Telephone	6. Organisation number
☐ Letter of attourney enclosed	

Swedish Transport Agency
Civil Aviation and Maritime Department
601 73 Norrköping
Officeaddress
Olai kyrkogata 35, Norrköping

transportstyrelsen.se
kontakt@transportstyrelsen.se

Telephone 0771-503 503
Telefax 011-185 256

E. Procedure designer details

1. Procedure designer, name and e-mail	2. FPD-organisation
3. Ground validation performed by procedure designer, name	

F. Airspace designer

1. Airspace designer, name and contact information	2. Organisation

G. The scope and purpose of the change

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

H. Indicate the operational consequences of the change, and enclose the airport operator's assessment of the impact on flight safety in accordance with TSFS 2018:98 11 §

I. 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)

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

K. Exception from TSFS 2018:98 6 § regarding standards, recommendations and regulations

L. Flight validation

1. Flight validation performed (Yes/No) (if Yes, when?) (if No, specify why?)
2. Flight validation organisation (if validation performed)

M. Regulation (EU) 2018/1048

1. Confirm that the change in the application is in accordance with your current approved transition plan

N. Other information

An application of flight procedures or airspace is charged according to the Swedish Transport Agency:s (TSFS 2024:78 2 chap 7 §) regarding fees within the aviation area.

Send your completed application with attachments to: luftfart@transportstyrelsen.se

Your application can also be sent via post to:

Swedish Transport Agency
Section for Airspace and Aerodromes
SE- 601 73
Norrköping, Sweden