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| http://sjo.transportstyrelsen.se/behguideweb/Logga/TS_Sv_2V_Blue2.jpg  **Civil Aviation Authority** | **APPLICATION FOR FLIGHT PROCEDURES AND AIRSPACE** |

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| **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.** | Transportstyrelsen  Sektionen för luftrum och flygplatser  SE-601 73 Norrköping, SWEDEN. | |
| **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  Conventional SID/STAR  PBN SID/STAR |  | |

# This form is designed for organisations applying for new/revised flight procedures/airspace. The form with supporting documentation shall be submitted to the Civil Aviation Authority; [luftfart@transportstyrelsen.se](mailto:luftfart@transportstyrelsen.se). The application can also be sent to Civil Aviation Authority, Section for Airspace and Aerodromes, to the address above. All fields must be filled in even if information is referenced in documents.

**A. Dates of importance**

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

**B. Airport details**

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| 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. Applicant details (if other than an airport – enclose letter of attorney)**

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| 1. Contact name | 2. Name of organisation |
| 3. Address | 4. E-mail |
| 5. Telephone number | 6. Organisation number |

**D. Procedure designer details**

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| 1. Procedure designer, name and e-mail | 2. Flight procedure design organisation |
| 3. Procedure designer telephone number | 4. Ground validation performed by procedure designer, name |

# E. The scope and purpose of the change

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

# F. Indicate the operational consequences of the change in accordance with TSFS 2018:98 11 §

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# G. 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)

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

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

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**J. Flight validation**

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| 1. Flight validation performed (Yes/No) (if Yes, when) (if No, specify why) | |
| 2. Flight validation organisation (if validation performed) | 3. Flight validation pilot, name |

# K. Regulation (EU) 2018/1048

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

# L. Other information

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# An application of flight procedures or airspace is charged according to the Swedish Transport Agency:s regulation (TSFS 2016:105 2 chap. 7 §) regarding fees within the aviation area.