Australian Government
Civil Aviation Safety Authority

Application
Airspace Change Proposal (ACP)

Airspace Act 2007

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OR

Download this form before you begin

Please download and complete with Adobe Acrobat. If you are using a browser to complete this form you may lose your information. Send this form and any attachments to oar@casa.gov.au.

Purpose of this form

Use this form to propose an airspace change pursuant to the *Airspace Act 2007*.

Who is this form for?

This form should be used by people making **non urgent requests**.

For large or complex proposals, the proponent should contact the Office of Airspace Regulation (OAR) prior to lodging an application to ensure the application addresses requirements of the *Airspace Act 2007*, *Airspace Regulations 2007* and the Australian Airspace Policy Statement (AAPS).

Information needed to complete this form

All change proposals must provide a risk assessment. Use the Airspace Risk Assessment (Form 1589). The risk assessment must be appropriate to the size and complexity of the proposal, should describe existing mitigations and controls intended to manage airspace risk, and should consider any consequential airspace risks introduced by the proposal. The risk assessment should take into account the types of aircraft involved, the density of air traffic, the meteorological conditions, topography and such other factors as may be relevant.

All change proposals must include evidence of consultation with airspace users likely to be affected by the airspace change.

All change proposals must allow adequate time for processing, analysis and further stakeholder consultation, as required. Contact the OAR or examine the Airspace Risk and Safety Management Guide to ascertain appropriate timelines. Note: Large or complex proposals may require additional time.

You should provide an *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act) Protected Matters Search Tool Report to check potential effects of the airspace change.

If the airspace change proposal is for the purpose of the protection of the environment you must provide an environmental assessment report.

If you have an **urgent request** for airspace required **within 24 hours**, please call (02) 6217 1177 option 5.

If calling after hours your call will be diverted to the OAR Delegate.

Non urgent, completed forms and attachments should be emailed to oar@casa.gov.au.

or posted to:

Airspace Operations
Office of Airspace Regulation
Air Navigation, Airspace and Aerodromes Branch
GPO Box 2005
CANBERRA ACT 2601

To confirm receipt of your application, or for assistance with any aspect of your submission, phone (02) 6217 1177 option 5.

Aviation Reference Number (ARN)

You do not need an ARN to complete this form. If you hold an ARN, please provide it where requested.

Contact details

If your address, contact or other details have changed, you must update them prior to lodging this form. You can do this by changing your details on the CASA website.

For more information

Go to the CASA website or contact us.

Applicant

1 What are the **applicant** details?

Your contact details must be current. Update contact details via changing your details.

Legal entity/full name

ARN (if applicable)

Phone number (Business hours)

Email address

Address

Unit/number

Street name

Suburb

State/territory

Postcode

Country (if not Australia)

Contact person

2 What are the **contact person** details?

These contact details may be provided to members of the public with enquiries regarding the content of this ACP

Full name

Position (Agent, Secretary, Director)

2 continued

Phone number (24 Hours)

Email address

3 What is the type of **submission** (select one)?

- ☐ New application
- ☐ Amendment to existing
- ☐ Dis-establishment of existing airspace

ACP information

4 What are the dates and times of the proposed airspace solution?

Starting date (DD/MM/YYYY)

/ /

Starting time (indicate UTC or local)

Ending date (DD/MM/YYYY)

/ /

Ending time (indicate UTC or local)

Aeronautical Information Regulation and Control (AIRAC) date for publication (if applicable)

/ /

5 What is the nature of the activity, the reason for change and any relevant supporting information?

Coordinates must be submitted using Degrees, Minutes, Seconds (DMS) format.

Attach additional/evidence pages if required

Airspace description and Controlling Authority/Contact

6 What are the details about the proposed airspace change?

For firing activities (including rockets) attach a copy of the firing template

Location (including Latitude and Longitude) using Degrees, Minutes, Seconds (DMS) format

Maximum vertical limit of the activity (not the height of the airspace proposal)

Maximum lateral limit of the activity (use boundaries with latitude and longitude) showing

Planned lateral limit

Any additional allowance made for navigation or operational tolerances

Hours of activity of the proposed airspace

Contact details for the nominated Controlling Authority (Prohibited and Restricted Areas), Administering Authority (Military Operating Areas) or Contact (Danger Areas)

Proposed restricted area status

Refer to definitions available in Designated Airspace Handbook/AIP

For Airservices and Defence proposals ONLY:

Calculation of airspace buffers using MATS 2.4.8

Air Traffic Control services to be provided (if applicable)

If the proposed changes relate to existing controlled airspace or special use airspace please specify the proposed lateral and vertical limit changes (attach DAH markup)

7 Does this ACP include an air route change?

No ☐ ➡ **Go to 8**

Yes ☐ Provide details

Air route changes please include

Name and Route number

Relevant waypoints

Lat/Long of each route segment using Degrees, Minutes, Seconds (DMS - to nearest tenth of a second)

Track to the waypoint/navigational aid (in both directions, if a two-way route)

Distance of the route (in nautical miles)

LSALT (in both directions, if a two-way route)

Chart display code [H/L/B]

RNP value for the proposed route

8 What is the reason for requiring an airspace change?

- ☐ Public safety including safety of aircraft in flight
- ☐ Protection of the environment
- ☐ National security
- ☐ Activities dangerous to the flight of aircraft

9 Is this a temporary or permanent airspace change?

- ☐ Temporary
- ☐ Permanent

10 What are you **applying** for (select one)?

- New ACP ☐ ➡ **Go to 12**
- Repeat ACP request ☐ ➡ **Go to 11**

11 What are the details of the previously submitted ACP?

Date of the activity (DD/MM/YYYY)

/ /

Previous ACP Number

Please provide a post activity report that includes information about any safety issues

e.g. accident/ incident reports, noise complaints, community comments, aviation stakeholder feedback etc (as applicable)

Attach additional pages if required

12 Is this ACP a recurring activity?

- **No** ☐ ➡ **Go to 14**
- **Yes** ☐ ➡ **Go to 13**

13 How often will this activity occur?

14 If the activity is dependent on a permission, area approval or exemption from another Branch within CASA, what is the current status of that application?

- **Not required** ☐
- **Yes, Complete** ☐ Provide details below
- **Yes, pending - In Progress** ☐ Provide details of CASA officer

Attach additional pages if required

15 Has Airservices Australia been consulted about this ACP?

- **No** ☐ ➡ **Go to 16**
- **Yes** ☐ Provide details

Attach additional pages if required

16 If the ACP impacts Defence airspace, have they been consulted about this ACP?

- **No** ☐ ➡ **Go to 17**
- **Yes** ☐ Provide details

Attach additional pages if required

17 Will the ACP impact instrument flight procedures or containment of those procedures?

No ☐ ➡ **Go to 18**

Yes ☐ Provide details

Attach additional pages if required

18 Provide details of consultation that has been undertaken with other airspace users and relevant stakeholders who may be impacted by the proposal.

This is **MANDATORY**

Attach a record of consultation

19 Following consultation, what impacts will the ACP have on access to, and efficiency of operations in affected airspace (Aerodrome Operations or air routes, VFR routes or instrument flight procedures)

Access and/or Efficiency

No ☐ ➡ **Go to 20**

Yes ☐ Provide details

Attach additional pages if required

20 Has an Airspace Risk Assessment (Form 1589) – been completed?

No ☐ Contact the OAR - (02) 6217 1177, option 5

Yes ☐ Attach a copy

Attach a copy

21 Are there any known matters of national environmental significance identified following a search using the *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act) Protected Matters Search Tool

No ☐ ➡ **Go to 22**

Yes ☐ Attach a copy of the report

Attach a copy of the report

22 Has an environmental assessment been carried out (ACP for the protection of the environment only)?

No ☐ ➡ **Go to 23**

Yes ☐ Attach a signed copy of the report

Attach a signed copy of the report

Application checklist

23 Select all that apply:

- ☐ Airspace Risk Assessment (Form 1589) is attached
- ☐ Protected Matters Search Tool report is attached
- ☐ Environmental assessment report is attached
- ☐ Consultation report(s) is attached

If other please specify

Declaration

24 **I declare:**

- All statements in this notice are true and correct.

I acknowledge by providing my details below and submitting this application:

- I may commit an offence under the *Criminal Code Act 1995* if I make a false or misleading statement in my application.
- We may also use your licensing information in deidentified form for aviation safety research/analysis.
- I have used my best efforts to identify all Commonwealth, state and territory environmental protection legislation that governs the aviation-related activities I will be engaging in under the authorisation for which I am applying. I recognise and understand these obligations and will endeavour in good faith to comply with the applicable requirements specified in that legislation.

Privacy

Any personal information you provide to CASA, as part of this application, is protected by the *Privacy Act 1988.*

We will use the information provided to process this application and may also use it to conduct identity/security checks. Without your consent, we may not be able to process your application.

To meet our accountability obligations, we may disclose this information:

- to other government agencies or other national aviation authorities for certain purposes, and
- to comply with court orders and other legal requirements.

For more information about how we use, disclose and protect your personal information, see our privacy statement and privacy policy.

- I declare and acknowledge the above matters.
- I consent to CASA using my licensing information and other personal information for the above purposes.
- I have read CASA's privacy policy and I authorise CASA to use and disclose the information it collects for this application in accordance with that policy.

Full name

Signature

Date (DD/MM/YYYY)

/ /

Role authority

25 In what capacity are you making this declaration?

- ☐ Self
- ☐ Director
- ☐ Agent
- ☐ Other, please specify:

Submitting this form to CASA

Choose one option only

By email – send this form with all supporting documents attached to oar@casa.gov.au

By post – return this form and all supporting documents to:

Airspace Operations
Office of Airspace Regulation
Air Navigation, Airspace and Aerodromes Branch
GPO Box 2005
Canberra ACT 2601