



Download this form before you begin

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Purpose of this form

This form is to only be used to make an urgent request for an airspace change, being a change required within 12 hours.

Who is this form for?

This form is to be used by people making **urgent requests only**. Non-urgent requests should be made using form [1284 Application Airspace Change Proposal \(ACP\)](#). You may be asked to justify your reasoning to the Delegate.

NOTE:

CASA must not declare an area to be a **restricted area** unless, in the opinion of CASA, it is necessary in the interests of any of the following to restrict the flight of aircraft over the area to aircraft flown in accordance with specified conditions:

- (a) public safety, including the safety of aircraft in flight;
- (b) the protection of the environment;
- (c) National security.

CASA must not declare an area to be a **prohibited area** unless, in the opinion of CASA, it is necessary for reasons of **military necessity** to prohibit the flight of aircraft over the area.

CASA must not declare an area to be a **danger area** unless, in the opinion of CASA, there exists within or over the area an activity that is a potential danger to aircraft flying over the area.

Aviation Reference Number (ARN)

An ARN is an identifier that is similar to an account or customer number. You do not need an ARN to complete this form. If you hold an ARN, please provide it where requested.

Contact details

CASA will use the currently held contact details linked to your ARN profile. If your address, contact or other details have changed, you must update them online using [changing your details](#) prior to lodging this form.

Location and lateral limit descriptions

Where appropriate, a description of the area location and the lateral limits airspace will be requested. Acceptable formats for this information includes geographical features and shapes surrounding the event. If possible, applicable latitudes and longitudes using the GRS80 ellipsoid in Degrees, Minutes, Seconds followed by a cardinal point. e.g. 310606S 1522042E.

Privacy

Any personal information you provide to CASA is protected by the Privacy Act 1988 (Cth). CASA can only collect, use and disclose that information in accordance with that Act.

CASA will use the information collected in this form for purposes associated with performing its functions under civil aviation legislation and other Australian laws.

For full details on how CASA collects, protects and uses personal information, please refer to [CASA Privacy Statement](#).

For more information

Go to the [CASA website](#) or call us on 131 757.

Applicant

1 What are the **applicant** details?

If your address, contact or other details have changed, you must update them using [changing your details](#).

Legal entity/full name

ARN

Contact number

Email address

Address

Contact person

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

These contact details may be published on the CASA website for members of the public with enquiries regarding the content of the Airspace Change Proposal (ACP).

Full name

Organisation

Position (Agent, Secretary, Director)

Contact number

Email address

Situation

3 Please provide a description of the reason for the request for the airspace change. What is the safety issue, concern or problem to be addressed? (note – excluding media helicopters for non-safety or non-national security purposes is not a valid reason). If the request relates to an emergency gas efflux, the upper height of the efflux must be stated.

Risks

4 What is the risk posed to aircraft, public safety, environmental protection or national security? (Clearly explain the risk to aviation and non-aviation).

Mitigation

5 Explain what outcomes are sought and how the risk is reduced to an acceptable level of safety by the implementation of an airspace solution.

Notice to airmen (NOTAM)

6 Has a site specific NOTAM been requested and published?

No

Yes

Application to request

7 Select all that are applicable:

Incident (site) specific NOTAM

Temporary Restricted Area (TRA)

Reason for TRA:

Public Safety/Safety of aircraft in flight

Protection of environment

National security

Temporary Danger Area (TDA)

Location

8 Describe the area to be subject of protective airspace using geographic features such as towns, mountains, rivers etc. If possible, include the applicable latitudes and longitudes in Degrees and Decimals e.g. 35 50.7S 145 34.7E. NOTE: The location is just an identifier for the airspace. The lateral dimensions will be used to define the TRA/TDA.

Location name

Latitude

Longitude

Nearby aerodromes

Date

9 The proposed date in local time for the establishment of the protective airspace. In emergency situations this is likely to be today's date.

Date (DD/MM/YYYY)

/ /

Start time

10 The proposed start time for the establishment of the protective airspace. In emergency situations this is likely to be immediately. The time should be in HHMM local time.

With immediate effect:

Finish time (estimated)

11 The proposed estimated completion time at which the protective airspace is no longer required. The time should be in HHMM local time.

Period of activity

12 The period in which the airspace will be required:

Sunrise to sunset (HJ)

Sunset to sunrise (HN)

Continuous (H24)

Time to time

Indicate period of activation local time HHMM-HHMM:

Lateral limits

13 Please describe the lateral limits of the area that is proposed to be included in the protective airspace such as a radius of a circle surrounding the event, a polygon, square or boundary using prominent geographical features. If possible, please include the applicable latitudes and longitudes in Degrees and Decimals e.g. Kemps Pinnacle 35 50.7S 145 34.7E.

Description of area

Location name, Latitude and Longitude

Location name, Latitude and Longitude

Location name, Latitude and Longitude

13 continued...

Location name, Latitude and Longitude

Location name, Latitude and Longitude

Location name, Latitude and Longitude

Location name, Latitude and Longitude

Location name, Latitude and Longitude

Vertical limits (in feet)

14 Please describe the vertical limits of the area that is proposed.
Surface to

Altitude (above mean sea level)

Height (above ground level)

Elevation of location (if known)

Affected airspace

15 Which classes of airspace will be affected? Please select all that apply:

Class A

Class B

Class C

Class D

Class E

Class G

16 Please identify any Prohibited, Restricted and Danger Areas that will be affected.

17 Have the Controlling Authorities or Contact Agencies for the affected areas identified in Question 16, been advised of the potential impact of the change?

No

Yes ➔ Please provide evidence

 **Attach evidence**

Contact details

18 TRAs must have a nominated "Controlling Authority" to permit access to aircraft involved in the activity (such as a bushfire/flood) including emergency access to other aircraft if necessary. The contact number for the controlling authority is issued on the TRA NOTAM and must be available 24hrs.

Full name

Organisation / agency

Rank / position held

Contact number (24hrs)

Controlling Authority responsibilities document provided?

No

Yes

For a TRA/TDA please telephone details in to OAR Airspace delegate (02) 6217 1177 (24hrs) - Option 7. Please follow up by sending a copy of this form to oar@casa.gov.au.

Declaration

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I declare that:

- I am authorised to make this application and hold the role indicated below.
- All statements in this application are true and correct in every particular and that I have read and understood all provisions of the *Airspace Act 2007* which are relevant to this application.
- I understand CASA will use the currently held details to process this application and it is my responsibility to ensure my details are correct prior to lodgement.
- I consent to CASA using and disclosing my personal information in accordance with [CASA Privacy Statement](#) including exchanging the information with Commonwealth, State and Territory government agencies.
- I acknowledge that to knowingly make a false or misleading statement in this application is an offence against the [Criminal Code Act 1995 \(Cth\)](#).

Full name

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

For example: Self, Agent under a Power of Attorney

If signing as agent for the CEO, a copy of a Power of Attorney must be provided.

 **Attach Power of Attorney**

Returning your form



By email – attach this form and all supporting documents.
Send them to oar@casa.gov.au

OAR official use only

Emergency request approved?

No

Yes

Delegate name

Instrument number CASA OAR:

NOTAM number:

Action/considerations/notes:

Risk: Record why the information provided does/does not constitute a risk to the public, the environment or national security:

Mitigation: Explain how the risk is reduced by the implementation of an airspace change. If an airspace solution is not appropriate, describe why this is the case and the reason it was declined: