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### 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](mailto:oar@casa.gov.au).

## 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 - 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.

Depending on the basis for the request for a restricted area, a safety case and/or risk assessment may be required.

## Aviation Reference Number (ARN)

An ARN is required to complete this form. If you do not have an ARN, [apply now](#).

## Contact details

It is important the contact details on the ARN profile are current. CASA uses these contact details when processing this application.

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.

Failure to provide up to date contact details to CASA could result in additional fees being charged under the *Civil Aviation (Fees) Regulations 1995* and may constitute a criminal offence.

## 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

Email 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)

Phone 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 geographical features such as towns, mountains, rivers etc. Any application latitudes and longitudes are to be submitted in Degrees, Minutes, Seconds (DMS) format 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 radius of a circle surrounding the event, a polygon, square or boundary using prominent geographical features. Include the applicable latitudes and longitudes in Degrees, Minutes, Seconds (DMS) format.

Description of area

Location name, Latitude and Longitude

## 13 Continued

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

 Provide evidence if required

## 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

Phone 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](mailto:oar@casa.gov.au).

# Declaration

## 19 I declare:

- All statements in this application are true and correct.

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

- This satisfies the requirement for me to sign this application.
- I may commit an offence under the *Criminal Code Act 1995* if I make a false or misleading statement in my application.
- 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.
- We may also use your licensing information in deidentified form for aviation safety research/analysis.

### 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

Date (DD/MM/YYYY)

/ /

## Role authority

### 20 In what capacity are you making this declaration?

Self

Director

Agent

Executor

Other, please specify:

An authority must be provided if the person making this declaration is **not** the individual or an office holder of the entity named in question 1.

 Provide authority

## Submitting this form to CASA



By email – send this form with all supporting documents attached to [par@casa.gov.au](mailto:par@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: