



Airspace Change Proposal (ACP)

Airspace Act 2007

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**.

Information needed to complete this form

All change proposals must provide a risk assessment. Use the 'Airspace Risk Assessment' (Form 1589).

You should provide an [EPBC Act Protected Matters Search](#) 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 12 hours**, please call (02) 6217 1177.

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, and for assistance phone (02) 6217 1177



We recommend using Adobe Acrobat to complete this form to ensure your information is saved correctly

Filling in this form

This form can be completed as a **fillable form**:

- Adobe Reader is available free of charge from the [Adobe website](#)
- use 'tab' or 'mouse click' to navigate through the form
- 'mouse click' on the '➔ Go to' button to skip to the question

If **printing** this form:

- use black or blue pen and print in BLOCK LETTERS
- mark check boxes with a ✓ or a ✕
- if you see '➔ Go to' go to the question number shown, you do not need to answer the questions in between

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 and applicant details based on your ARN (if applicable).

If your address, contact or other details have changed, you must update them online using [changing your details](#) prior to lodging this form.

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 Policy](#).

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 (Business hours)

Email address

Address

Contact person

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

These contact details will be published on the CASA website for members of the public with enquiries regarding the content of this ACP

Full name

Position (Agent, Secretary, Director)

Contact number (24 Hours)

Email address

ACP information

3 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)

/ /

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

 **Attach additional/evidence pages if required**

Airspace description and Controlling Authority/Contact

5 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)

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) or a contact person (Danger Area)

Proposed restricted area status
Refer to definitions available in [Designated Airspace Handbook/AIP](#)

For Airservices and Defence

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 Classified airspace (CTR/CTA) or PRD please identify the proposed lateral and vertical limit changes

6 Does this ACP include an air route change?

No

Yes Provide details

Air route changes please include

Name and Route number

Relevant waypoints

Lat/Long of each route segment

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

7 What is the reason for requiring an airspace change?

Public safety including safety of aircraft in flight

Protection of the environment

National security

8 Is this a temporary or permanent airspace change?

Temporary

Permanent

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

New ACP

Repeat ACP request

10 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**

11 Is this ACP a recurring activity?

No

Yes

12 How often will this activity occur?

13 If the activity is dependent on a permission, area approval or exemption from another Branch within CASA, has this been granted?

No


Please arrange before returning this form

Yes complete

Provide details

Yes pending approval

Provide details of CASA officer

 **Attach additional pages if required**

14 Has Airservices Australia been consulted about this ACP?

No

Yes Provide details

 **Attach additional pages if required**

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

No


Yes Provide details

 **Attach additional pages if required**

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

No

Yes Provide details

 **Attach additional pages if required**

17 What consultation has been undertaken with other airspace users and the public (for permanent changes) impacted by the proposal?

 **Attach a record of consultation**

18 Following consultation, will the ACP impact the access to the airspace or the efficiency (Aerodrome Operations or air routes, VFR routes or instrument flight procedures)

Access and/or Efficiency

No

Yes Provide details

 **Attach additional pages if required**

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

No Contact the OAR - (02) 6217 1177

Yes Please attach a copy

20 Are there any known matters of national environmental significance identified following a search using the EPBC Act Protected Matters Search Tool

No

Yes Attach a copy of the report

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

No

Yes Attach a signed copy of the report

Application checklist

22 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

23 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 Civil Aviation Safety Regulations 1998 and 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 Policy](#) including exchanging the information with Commonwealth, State and Territory government agencies.
- I have attached all required documentation specified in the application checklist.
- 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

Signature

Date (DD/MM/YYYY)

/ /

In what capacity are you making this declaration?

For example: Self, Director

Returning your form



By email – attach this form and all supporting documents. Send them 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**