NOTAM Request

Obstacle Marking / Lighting Failure

1) NOTAM Type (select one)

☐ New ☐ Replaces NOTAM Ref#: _____ ☐ Cancels NOTAM Ref#: _____

2) Location Information

Obstacle Central Coordinates:

_____

(DDmmss**N** DDDmmss**W**)

Radius: (if multiple obstacles or for a mobile crane)

_____ ☐ feet ☐ NM

3) Total Duration (If greater than 3 months, refer to the instructions)

Start: (select one)

☐ Immediate

☐ _____UTC

(YYMMDDHHmm)

End: _____UTC

(YYMMDDHHmm)

Estimated ☐ Yes ☒ No

4) Description (including French text if applicable)

Obstacle Type: _____

If Other, specify:_____

Outage Type (Lighting or Marking):

_____

Other Info:

_____

5) Altitude / Height Characteristics

Obstacle Height:

_____ FT AGL

Terrain Elevation:

_____ FT AMSL

Total Obstacle Elevation:

_____ FT AMSL

6) Administrative Information

Originator Name: _____

Company/Department: _____

Phone #: _____ Email: _____

Site ID / File #: _____ Ticket / Tracking #: _____

AAF #: _____ Land Use File #: _____

(Aeronautical Assessment Form)

Obstacle Owner Name: _____ (if different from Originator)

Company/Department: _____

Phone #: _____ Email: _____

Other Information:

_____