CAA	
AIS	

## Aeronautical Information Promulgation Advice Form (AIPAF)

To: AIS	: AIS							Originator:			Date :		
											Contact No:		
Originator's	AIP references (as applicable)						Al for Promulgation: NEW REPLACEMENT CANCELLATION  **Reference NOTAM/AIP SUPP (as applicable):						
file reference	AIP Section	Page (date)*	Para.	Line	Col.	Sta	art of Activity (YYMMDD		able)	End of Validity (as applicable) (YYMMDDHHMM)			
						Day/Til	Time Schedule(as applicable):						
	Text of NOTAM, AIP Amendment and/or Supplement												
Lower Limit (as applicable):						U <sub>l</sub>	pper Limit (as	applicable	e):				
AIRAC — If applicable but not applied, please state reasons:						e been consu	ATS:	ATCAMD ADMS	ANS Policy		ATS FACILITY AANSOO opticable) acy of Information		
						Name/Signature			Designation			Date	
D					Data Origin	Originator:							
					Name	Name/Signature			Designation		Date		
Approving Authority:  Name/Signature  Designation  Date													