



Please complete this form online before submitting using the button at the bottom of the Form

CAA use only

16/09/2016 11:49:13

E29424

Prior to commencing an airspace change proposal, or initiating design development for the establishment of new IFPs, the amendment of existing or proposed withdrawal of an existing IFP (or part of) within UK Airspace, the project Sponsor is required to notify the CAA of the proposed activity. This Form is to be completed and submitted at the earliest opportunity in the planning process. This Form is to be used for both Permanent and Temporary (or Trial) changes.

SECTION 1: CONTACT DETAILS

Sponsor and/or Aerodrome Name: Kemble Air Services Ltd/ Kemble
ICAO Designator (if applicable): EGBP
Point of Contact: [Redacted] Appointment: Operations Director
Telephone Number: [Redacted] Fax Number:
E-mail: [Redacted]
Alternate P.O.C.: [Redacted] Appointment: Duty Manager/ATS Eng.
Telephone Number: [Redacted] Fax Number:
E-mail: [Redacted]

SECTION 2: NOMINATED APPROVED PROCEDURE DESIGNER (IFP proposals only)

Name:
Company: Davidsons Ltd

SECTION 3: AIRSPACE AND/OR PROCEDURE CHANGE SUMMARY (use additional sheet if required)

Table with columns: IAP, SID, STAR, ATS ROUTE, TERMINAL AIRSPACE, ATSMAC. IAP is checked.
List of changes:
1. Introduction of RNAV approaches for runway 26 and 08.
2.
3.
4.
5.
6.
7.
8.
Target AIRAC for Promulgation:

SECTION 4: DESCRIPTION OF CHANGE/NEW DESIGN (include changes to existing aerodrome navigation facilities)

SECTION 5: ADDITIONAL INFORMATION

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| SRG ASD - AD Inspector notified: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SRG AATSD – Regional or En Route Inspector Notified: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SRG AATSD - ATS (Eng) Inspector Notified: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| SRG AATSD - ATS (Ops) Inspector Notified: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| This Form copied to contracted APD listed in Section 2: | <input checked="" type="checkbox"/> | |
| Development Meeting Planned: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Venue: | | |
| Proposed Date: | | |
| Name: XXXXXXXXXX | | Date: 16/09/2016 |