



DAP 1916 - Statement of Need: Intended Change to Notified Airspace

This form may be used to provide information to the CAA about an intended change. Once this form is completed, then please submit it by clicking the button at the end of this form.

1. Change Title

Please enter a title for this intended change, (max 80 characters): *

Amendment to RAF Topcliffe ATZ Hours of Watch

2. Change Sponsor Details

Please select the appropriate category and complete. *

- ☐ A Company
- ☒ An Unincorporated Association or other body
- ☐ Individual (including sole traders and partnerships)

2b. An Unincorporated Association

Name of Unincorporated Association or other body *

Royal Air Force 2 Flying Training School

Address

RAF Syerston

Town/City:

Newark

Country

Postcode

NG23 5NN

Telephone

Email

Website address

Primary Point of Contact Name *

Wing Commander

Telephone *

Email *

Secondary Point of Contact Name

Telephone

Email

3. Independent Aviation/Airspace Consultancy

☐ Is an Independent Aviation/Airspace Consultancy involved in this proposal?

4. Summary of Intended Change

Please use the check boxes below to indicate the nature of the intended change(s): *

- ☐ Flight Information Region (ENR 2.1)
- ☐ Upper Information Region (ENR 2.1)
- ☐ Terminal Control Area (ENR 2.1)
- ☒ Other Regulated Airspace (ENR 2.2)
- ☐ Lower ATS Routes (ENR 3.1)
- ☐ Upper ATS Routes (ENR 3.2)

- | | | |
|--|---|--|
| <input type="checkbox"/> Area Navigation Routes
(ENR 3.3) | <input type="checkbox"/> Helicopter Routes
(ENR 3.4) | <input type="checkbox"/> Other Routes
(ENR 3.5) |
| <input type="checkbox"/> En-Route Holding
(ENR 3.6) | <input type="checkbox"/> Name-Code Designators
(ENR 4.4) | <input type="checkbox"/> Prohibited/Restricted/Danger Areas
(ENR5.1) |
| <input type="checkbox"/> Military Exercise/
Training Areas
(ENR 5.2) | <input type="checkbox"/> Other Danger/
Hazard
(ENR 5.3) | <input type="checkbox"/> Aerial/Sporting/Recreational
Activities
(ENR 5.5) |
| <input type="checkbox"/> Bird Migration/Sensitive Fauna
(ENR 5.6) | <input type="checkbox"/> ATS Air space
(AD-EGXX-2.17) | <input type="checkbox"/> Flight Procedures
(AD-EGXX-2.22) |
| <input type="checkbox"/> ATCSMAC
(AD-EGXX-5) | <input type="checkbox"/> Standard Instrument Departure
(AD-EGXX-6) | <input type="checkbox"/> Standard Arrival Route
(AD-EGXX-7) |
| <input type="checkbox"/> Instrument Approach Procedure
(AD-EGXX-8) | <input type="checkbox"/> Visual Reference Point
. | <input type="checkbox"/> Release of Controlled Air space
. |

Please use the check box below to indicate whether this is an administrative change:

- ☒ Does your proposal represent an administrative change to the Aeronautical Information Publication (AIP)?

5. Statement of Need

Please provide a brief 'Statement of Need' expressing explicitly what airspace issue or opportunity you are seeking to address. Your Statement of Need should clearly articulate the current situation, the issue (and the cause of it) to be resolved or the opportunity to be addressed along with any other factors or requirements. *

The level of flying activity at RAF Topcliffe has changed to a point where a review of the airspace (ATZ) is appropriate, in order to free up the airspace to the GA community. RAF Topcliffe ATZ is currently H24. This request is to amend the ATZ hours of watch from 0700Z to Sunset + 15 minutes, at weekends and Public Holidays, and at all other times by NOTAM. The airfield will be primarily used for military flying at weekend and Public Holidays, however, there will be mid-week flying during approximately 5 weeks of the year, and it is recommended that these periods are activated by NOTAM, rather than block the airspace at other times. An ATZ crossing service will be available during the hours of watch via a Mil Air Ground Communication Service.

Please specify the altitudes (where applicable) affected by your Statement of Need:

- ☒ Surface to below 4,000 feet
- ☐ 4,000 feet to below 7,000 feet
- ☐ 7,000 feet to below 20,000 feet
- ☐ 20,000 feet and above

6. Proposed Dates

Please provide your proposed date for the submission of your change proposal to the CAA. This should be the date on which you are expecting to submit your formal airspace change proposal to the CAA. Please note that your formal airspace change proposal must be submitted alongside all of the supporting documentation required by the CAA to complete our regulatory assessment of the Proposal; consequently the date on which you place in this field should represent the point at which you will have the formal airspace change proposal **and all** of the supporting documentation ready to submit to the CAA. This date is required to assist us with the allocation of the required CAA-resource to your proposal and therefore it is a key date in our planning process. Whilst we will try to accommodate your specified timescales, there may be occasions where it is not possible for us to do so given the large number of projects that are already 'in process' You should also note that any changes to the above date may impact our ability to process your airspace change proposal within your preferred timescales. It should also be noted that from September 2018 any amendments submitted by a Data Originator or ANSP for onward promulgation in the UK IAIP will be subject to the Aeronautical Data Quality Requirements. See [Commission Regulation \(EU\) No 73/2010](#) (updated by 1029/2014) and [CAP 1054: Aeronautical Information Management](#) guidance material for further information. These requirements will be discussed in greater detail during the course of your initial meeting with the CAA.

- ☒ Confirmation of Understanding *

Please provide your proposed date for the submission of your change proposal to the CAA. *

01 Jan 2020

Please provide your proposed AIRAC effective date *

AIRAC 01/2020

If this change forms a part of a modular airspace change proposal please provide the relevant title and further information below (Note we will require individual submissions for each module) . *

N/A

If this change requires the implementation of a Five-Letter Name Code (5LNC) please specify your requirements below: *

N/A