19<mark>16 - Statement of Need: Intended Change to Notified</mark>

his form may be used to provide information to the CAA about an intended change. Once this form is civil Aviation of this form, at the end of this form.

1.	Ch	an	ge	Т	it	le
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Please enter a title for this intended change, (max 80 characters): *

Highlands and Islands Enterprise UK Vertical Launch Site

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)

2a	Δ	Com	pany
Za.	$\overline{}$	COIII	parry

Registered Company name (in full) *	
Highlands and Islands Enterprise	
Registered Company Number	
SC124796	
Country of Company Registration	
Scotland	
Registered Office Address	
An Lochran, 10 Inverness Campus, Inverness, Scotland	
Postcode	
IV2 5NA	
E-mail	
UKVLSutherland@hient.co.uk	
Trading name (if applicable)	
Tuaning manner (in applicable)	
Trading Address (primary site)	
An Lochran, 10 Inverness Campus, Inverness,	
Country	
Scotland	
Postcode	
IV2 5NA	
Website address	
www.hie.co.uk	
Drive and Paint of Contact Name of	
Primary Point of Contact Name *	
· 	
Telephone *	
E-mail *	
Secondary Point of Contact Name	
Telephone	
E-mail	

✓ Is an Independent Aviation/Airs	pace Consultancy involved in this proposal?				
Aviation Consultancy	Registered Company name (in full) * Osprey Consulting Services Limited				
	Registered Company Number				
	06034579				
	Country of Company Registration United Kingdom				
	Registered Office Address				
	Suite 10, The Hub,, Fowler Avenue, Farnborough Business Park, Farnborough				
	Postcode				
	GU14 7JP				
	Telephone				
	0 1420 520 20 0				
	Email				
	enquiries @ospreycsl.co.uk				
	Trading Name (if applicable)				
	Trading Address (primary site)				
	Suite 10, The Hub, Fowler Avenue, Farnbo	brough Business Park, Farnborough			
	Country				
	England				
	Postcode				
	GU14 7JP				
	Website address				
	www.os pre ycs I.co.uk				
	Primary Point of Contact Name *				
	Primary Contact				
	Should the CAA use the Independent Consultancy as the primary point of contact for this airs pace change proposal?				
	Telephone *				
	Email *				
	Secondary Point of Contact name				
	Telephone				
	Email				
4. Summary of Intended Chan	ge				
-	o 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 Airs pace (ENR 2.2)	Lower ATS Routes (ENR 3.1)	Upper ATS Routes (ENR 3.2)			
Area Navigation Routes (ENR 3.3)	Helicopter Routes (ENR 3.4)	Other Routes (ENR 3.5)			
En-Route Holding (ENR 3.6)	Name-Code Designators (ENR 4.4)	Prohibited/Restricted/Danger Areas (ENR5.1)			
Military Exercise/ Training Areas (ENR 5.2)	Other Danger/ Haz ard (ENR 5.3)	Aerial/Sporting/Recreational Activities (ENR 5.5)			

	Bird Migration/Sensitive Fauna (ENR 5.6)	ATS Airs pace (AD-EGXX-2.17)		Flight Procedures (AD-EGXX-2.22)
	ATCSMAC (AD-EGXX-5)	Standard Instrument Departur (AD-EGXX-6)		Standard Arrival Route (AD-EGXX-7)
	Instrument Approach Procedure (AD-EGXX-8)	Visual Reference Point .		Release of Controlled Airspace
Ple	ase use the check box below to indicate wh	nether this is an administrative ch	ange:	
1	Does your proposal represent an administ	rative change to the Aeronautical :	Information Publi	ication (AIP)?
5. 9	Statement of Need			
Sta	ase provide a brief 'Statement of Need' exp tement of Need should dearly articulate th addressed along with any other factors or r	ne current situation, the issue (ar		- · ·
wil air	E is seeking to protect Vertical Launches f I be required prior to each launch and for a space will be required to ensure that civil ntinue safely.	period after launch on an occasion	al basis. It is en	visaged that an appropriate volume of
Ple	ase specify the altitudes (where applicable	e) affected by your Statement of Ne	ed:	
√	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. I	Proposed Dates			
exp sub con prop the you alre prop Orig Con	esse provide your proposed date for the sub- meeting to submit your formal airspace chan mitted alongside all of the supporting docu- sequently the date on which you place in toosal and all of the supporting documentar required CAA-resource to your proposal ar r specified timescales, there may be occase eady 'in process' You should also note that cosal within your preferred timescales. It is ginator or ANSP for onward promulgation in mmission Regulation (EU) No 73/2010 (upo- terial for further information. These require CAA.	ge proposal to the CAA. Please not imentation required by the CAA to his field should represent the point tion ready to submit to the CAA. The therefore it is a key date in our sions where it is not possible for any changes to the above date may should also be noted that from Septhe UK IAIP will be subject to the Adated by 10 29/20 14) and CAP 10 54	e that your form complete our rent at which you whis date is requiplanning processus to do so give impact our abiliptember 20 18 and Aeronautical Informatical In	al airspace change proposal must be gulatory assessment of the Proposal; will have the formal airspace change red to assist us with the allocation of s. Whilst we will try to accommodate in the large number of projects that are ity to process your airspace change by amendments submitted by a Data a Quality Requirements. See formation Management guidance
1	Confirmation of Understanding *			
Plea	ase provide your proposed date for the sub	mission of your change proposal to	the CAA. *	
17	⁷ Jul 2020			
Ple	ase provide your proposed AIRAC effective o	date *		
A]	RAC 05/2021			
	nis change forms a part of a modular airspa will require individual submissions for eac		the relevant titl	e and further information below (Note
N/	A			
If th	nis change requires the implementation of	f a Five-Letter Name Code (5LNC)	please specify yo	our requirements below: *
N/	A			