



AIM FORM

Effective Date: 30-Jun-2018

AERONAUTICAL INFORMATION PROMULGATION ADVICE FORM NOTAM, AIP SUPPLEMENTS

Document No: QF-SCAA-AIM-V1-01

UNCONTROLLED

Signature (AIM QMS officer): \_\_\_\_\_

Date: \_\_\_\_\_

AERONAUTICAL INFORMATION PROMULGATION ADVICE FORM NOTAM, AIP SUPPLEMENTS

AND AIP AMENDMENTS.

To: AIS
TEL: +2521857394 | +2521857389
Email: ais@scaa.gov.so
Copy to: \_\_\_\_\_

Originator: \_\_\_\_\_
Section: \_\_\_\_\_
Tel.: \_\_\_\_\_
Date: \_\_\_\_\_

Table with 6 columns: Originator's File Reference, AIP references (as Applicable) [Page (Date)\*, Para., line, Col.], Text of NOTAM, AIP Amendment, and/or Supplement, Effective date, For Promulgation by †

\* All AIP Pages affected by each amendment should be quoted

† Insert a, b, or c as applicable, where
a – AIP Supplement and subsequent inclusion in AIP reprint page.
b – AIP page, when next due for reprinting (AIP Supplement not required)
c – AIP Supplement only (i.e., Item)

AIRAC – If applicable but not applied, please state reasons: \_\_\_\_\_ the following Directorates/Branches have been consulted in respect of:
(a) Policy \_\_\_\_\_ (b) Accuracy of information \_\_\_\_\_
Signed \_\_\_\_\_ Head of \_\_\_\_\_
Date \_\_\_\_\_ (Originating Branch)

The above particulars and/or the attached draft are authorized for publication as indicated.

Signed: \_\_\_\_\_ Head of: \_\_\_\_\_ (Directorate/Branch): \_\_\_\_\_ Date: \_\_\_\_\_