

**OPMF40 - SPECIAL AIRSPACE REQUEST FORM**

Organisation or personal name
Address
Contact name and telephone /facsimile
Activity or event requiring airspace
Special airspace type if known (Restricted, Danger or other type)
General area or aerodrome of activity or event
Timing (indicate if in NZST, NZDT or UTC)
Alternate or rain timing if required
Radio Frequencies to be used if necessary
Vertical dimensions (indicate if a safety margin is included)
Lateral dimensions or positions of activity (indicate the radius, width, area or geographical coordinates as required)
Designated Controlling Authority or contact person for special use airspace and contact details
Evidence of consultation with other affected airspace users, if any
Other information pertinent to the activity or event (procedures, support arrangements, expected periphery activity, etc: please attach as necessary)

Please send this form (or equivalent information by letter/facsimile) to the address as indicated at least 90 days prior to the activity or event:

Air Traffic Services Approvals officer  
Civil Aviation Authority of NZ  
PO Box 31-441  
Lower Hutt

Tel: 04 560 0954

facsimile: 04 560 9452