

Request for NOTAM to promulgate temporary use of SSR codes

1	Event/Exercise Details	
1.1	Event/Exercise Name	
1.2	Event/Exercise Start Date	
1.3	Event/Exercise End Date	
1.4	Event/Exercise Start Time	
1.5	Event/Exercise End Time	
1.6	Mode 3/A SSR Codes Requested	
1.7	Event/Exercise Area (Including LFA, AAR, AEW, OTA, MDA, EGD XX, Lat/Long, etc.)	
1.8	ACN Reference (if known)	
1.9	Verified and Validated	
1.10	Point of Contact Name & Post	
1.11	Point of Contact Organization	
1.12	Point of Contact Telephone Number	

2	Applicant Details	
2.1	Name & Post	
2.2	Organization	
2.3	Telephone Number/E-mail/Fax Number	
2.4	Signed	
2.5	Date	

DIRECTORATE OF AIRSPACE POLICY USE ONLY			
Date received		NOTAM drafted	
Task reference		Database updated	
Acknowledged		QA checked	
Codes valid		Faxed to AIS	
ACN reference		Copy to applicant	
Task closed		Signed	

GUIDANCE		
1	Event/Exercise Details	
1.1	Event/Exercise Name	The name of the Event or Exercise for which SSR codes are required.
1.2	Event/Exercise Start Date	The date the Event or Exercise is due to commence, in DD/MM/YYYY format.
1.3	Event/Exercise End Date	The date the Event or Exercise is due to finish, in DD/MM/YYYY format.
1.4	Event/Exercise Start Time	The time the Event or Exercise is due to start on the first day, in 24hr format.
1.5	Event/Exercise End Time	The time the Event or Exercise is due to end on the last day, in 24hr format.
1.6	Mode 3/A SSR Codes Requested	Preferred SSR Codes, if available.
1.7	Event/Exercise Area	The area in which the Event or Exercise is due to take place. Where possible this should be provided using known Low Fly Areas, Air-to-Air Refuelling areas, Airborne Early Warning areas, Overland Training Areas, Managed Danger Areas, Lat/Longs and basic geographical references. For example, 'Over the East Coast of England and the North Sea'. This section should also include the areas which the SSR codes will be used when transiting to and from the Event or Exercise area.
1.8	ACN Reference (if known)	The Airspace Co-ordination Notice reference of the Event or Exercise, if there is one and if known prior to submission of the request.
1.9	Unverified & Unvalidated / Verified & Validated (Delete as appropriate)	Whether the codes will be verified and validated or unverified and unvalidated during the Event or Exercise.
1.10	Point of Contact Name & Post	Name of contact responsible for use of the codes during the Event or Exercise.
1.11	Point of Contact Organization	Organization or body whom Point of Contact represents.
1.12	Point of Contact Telephone Number	Telephone number of contact responsible for the use of the codes during the Event or Exercise.
2	Applicant Details	
2.1	Name & Post	Name of person submitting request.
2.2	Organization	Organization or body whom Applicant represents.
2.3	Telephone Number/E-mail/Fax Number	Contact details of Applicant.
2.4	Signed	Signature of Applicant.
2.5	Date	Date request is submitted to DAP by the Applicant.

Completed requests should be sent to: Surveillance & Spectrum 4,
Directorate of Airspace Policy, CAA House, 45-59 Kingsway, London, WC2B 6TE
Tel: 020 7453 6534 Fax: 020 7453 6565