

## Part 71 application for designated airspace or visual reporting point

### Application requirements and instructions for completing the form

- a) The CAA Standard Rate hourly charge applies. See [fees, levies and charges](#) on the CAA website for more information.
- b) An application for permanent airspace change must be submitted at least 90 days [prior to the effective date](#) by either:  
 Email: [aeronautical.services@caa.govt.nz](mailto: aeronautical.services@caa.govt.nz)  
 Post: Manager Aeronautical Services, Civil Aviation Authority, PO Box 3555, Wellington 6140
- c) **Incomplete applications, and those requiring further information on request from CAA will not proceed.**

### 1. Organisation Details

|                                   |  |       |  |
|-----------------------------------|--|-------|--|
| Person completing application     |  |       |  |
| Legal Name of Organisation        |  |       |  |
| Trading or Division name          |  |       |  |
| CAA Participant Number (if known) |  |       |  |
| Tel                               |  | Email |  |
| Purchase order number (optional)  |  |       |  |

### 2. Reason for Application

|   |  |
|---|--|
| <p><b>Activity or event:</b><br/>         Please include the reason and purpose to describe why the airspace is necessary.<br/>         Refer to <a href="#">CAR Part 71</a> for information on all airspace designation and classification requirements.</p> |  |
|---|--|

### 3. Designation details

| Type of designation requested                    |   |   |
|--|---|---|
| <input type="checkbox"/> Control Area            | <input type="checkbox"/> Control Zone         | <input type="checkbox"/> General Aviation Area    |
| <input type="checkbox"/> Low Flying Zone         | <input type="checkbox"/> VFR Transit Lane     | <input type="checkbox"/> Mandatory Broadcast Zone |
| <input type="checkbox"/> Military Operating Area | <input type="checkbox"/> Restricted Area      | <input type="checkbox"/> Danger Area              |
| <input type="checkbox"/> Visual Reporting Point  | <input type="checkbox"/> Volcanic Hazard Zone |   |

|   |  |                                    |
|---|--|------------------------------------|
| <b>Status Requested</b>   | <input type="checkbox"/> Permanent     | <input type="checkbox"/> Temporary |
| <b>Activation from – date/time</b>  | <i>Eg. dd/mm/yyyy – 0000 NZDT/NZST</i> |                                    |
| <b>Activation method</b> ( <a href="#">please refer to AIPNZ Update Cycle</a> )   |  |                                    |
| <input type="checkbox"/> AIP/VNC/ENRC   | <input type="checkbox"/> AIP SUP       | <input type="checkbox"/> NOTAM     |
| <b>Location</b> - area or aerodrome   |  |                                    |
| <b>Lateral Dimensions</b>   |  |                                    |
| <i>Note: Please include charts/diagrams annotating required area(s).<br/>Indicate using a radius or significant features or geographical coordinates in WGS-84: GPS: Degrees, Minutes, Seconds (DMS) format</i> |  |                                    |
| <b>Vertical Dimensions</b>  |  |                                    |
| <i>(Give lower and upper limits in feet; state whether above mean sea level: AMSL or above ground level: AGL)</i>   |  |                                    |

### 4. Administrating Authority, Using Agency or Air Traffic Control (ATC) unit

|   |  |
|---|--|
| <b>Agency</b>   |  |
| <i>(Indicate which agency will act as an Administering Authority for a restricted area or military operating area, a Using Agency for a danger area or low flying zone, or an ATC unit for controlled airspace)</i> |  |
| <b>If designated, airspace contact – full name and position</b>   |  |
| <b>Contact details</b> or radio frequency   |  |

**5. Evidence of consultation and other information**

|   |  |
|---|--|
| <p><b>Please provide full details of organisations and individuals you have consulted and coordinated with regarding this application</b></p> <p><i>eg. Organisation name, person contact detail(s), person's role, email address and contact phone number(s)</i></p> |  |
| <p><b>Please provide details or copies of any agreements reached and records of discussions or written submissions</b></p>  |  |
| <p><b>Please provide details of any identified hazards and the associated risks (eg. risk register, safety case etc), including how these are evaluated and managed</b></p>   |  |
| <p><b>Additional comments:</b></p>  |  |