

Obstacle Notification Form

Townsville Airport must be notified in writing of **any Controlled Activity** (i.e. an activity resulting in an intrusion of the airport's protected airspace). Please submit this form to aviation@tsairport.com.au with the subject line *Obstacle Notification*.

1. Proponent Details	
Company:	Contact Name:
Phone:	Email:
Onsite Contact:	Mobile:
2. Obstacle Location	
Address:	Latitude:
	Longitude:
3. Crane Details Please report all heights in AHD	
3.1 Ground Level RL: _____ m	3.3 Crane Operating Height: _____ m
3.2 Maximum Height of Jib: _____ m	3.4 Boom Radius: _____ m
Can the crane be lowered during hours of darkness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the crane be lowered for arriving and departing aircraft?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the activity expected to be 3 or more months in duration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are direct communications available with crane operator/driver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Name:	Mobile:
Start Date:	Completion Date:
Start Time:	Completion Time:
4. Declaration	
I, the Contractor/Representative for the above application hereby acknowledge that I understand my responsibilities in applying for this crane application. I declare that the information provided are correct to the best of my ability.	
Business Address:	
Proponent Signature: _____	Date: / /
Townsville Airport Office Use Only	
	ID Number:
Calculations	
a. Crane Operating Height: (3.3) _____ m	b. Ground Level RL: (3.1) _____ m
c. OLS Height at Site: _____ m	d. Difference: (a + b - c) _____ m
OLS Infringement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Surface: _____ m
PANS-OPS Infringement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Surface: _____ m
NOTAM Action: <input type="checkbox"/> Yes* <input type="checkbox"/> No	*Attach copy
Maximum <u>Approved</u> Obstacle Height: _____ m (AHD)	
Advice	
Advice To: <input type="checkbox"/> ARO <input type="checkbox"/> OSM <input type="checkbox"/> Operator <input type="checkbox"/> Defence <input type="checkbox"/> ATC <input type="checkbox"/> CASA <input type="checkbox"/> Airservices Australia	
Special Arrangements: _____	
Calculations made; and advice issued by	
Name:	
Signature: _____	Date: / /