

CHANGE NOTIFICATION FORM

NAME OF THE IDENTIFIED CHANGE

1. ORGANISATION DATA AND APPROVAL	
Organisation	
Address	
Services/functions provided	<input type="checkbox"/> ATC <input type="checkbox"/> MET <input type="checkbox"/> AIS <input type="checkbox"/> CNS <input type="checkbox"/> ATFM <input type="checkbox"/> ASM
Date of certification	
Safety Manager (SM)	
Phone(s)	
E-mail	
Point of contact for this change (if different from SM)	
Function	
Phone(s)	
E-Mail	
Date	
Safety Manager signature	

2. SUMMARY OF CHANGE DATA	
Short description of the change	
Reasons for and expected results of the change	

2. SUMMARY OF CHANGE DATA	
Links to other changes	
Was the change already notified in the past?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, indicate important modifications since last notification	
Services/functions impacted	<input type="checkbox"/> ATC <input type="checkbox"/> MET <input type="checkbox"/> AIS <input type="checkbox"/> CNS <input type="checkbox"/> ATFM <input type="checkbox"/> ASM
Estimated severity class	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Unknown
Current project phase	<input type="checkbox"/> Concept Definition <input type="checkbox"/> Design <input type="checkbox"/> Implementation <input type="checkbox"/> Entry into operation <input type="checkbox"/> Operational <input type="checkbox"/> Decommissioning <input type="checkbox"/> Other:
Expected date for the completion/ introduction into service	

3. MAIN RESPONSIBILITIES	
Project leader in charge of the overall management of the change	
Name	
Department/Unit	
Phone(s)	
Email	
Change Safety Manager (if different from SM)	
Name	
Department/Unit	
Phone(s)	
Email	

Note:

1. This form should be filled in by ANSP and sent to the CAAK/ANS Department for changes to the provision of services which may affect compliance with the common requirements or with the conditions attached to the certificate and safety related changes whose estimated severity class is 1, 2, 3 or 4. Refer to Section 3.2.4, Annex II, of Commission Regulation EC No 1035/20011 as enacted by regulation 07/2012 in the Republic of Kosovo for a definition of severity classes.

2. The PoC, or the Safety Manager if no PoC is appointed, shall be kept informed of all exchanges between the CAAK/ANS Department and the ANSP.

3. Hardcopies of this form shall be signed by the Safety Manager. Unsigned electronic versions are accepted provided they are sent by the Corporate Safety Manager.