



AERONAUTICAL INFORMATION PROMULGATION ADVICE FORM (AIPA)

ANS/OPE/ANSUH/
10100/09

GENERAL INFORMATION

1	Each application must use ANS/OPE/ANSUH/10100/09 form and will be process within 28 days after latest dates for information to reach AIS (refer AIS PUBLICATION SCHEDULE IN AIC).
2	Application to be issued shall be thoroughly checked before it is submitted to the AIS Unit in order to ensure that all necessary information has been included and that it is correct in detail.
3	Each AIPA form must be completed, neat, typewritten and bear the signature and official stamp (Original) Company/ Department / Agency.
4	Failure to complete this form in full may result a delay/reject in processing the application.
5	The issuing of this form does not itself constitute for publication by CAAM. CAAM will provide the publication plan if it is satisfied with publication requirement.
6	Please submit this form once completed with the supporting document through email to ais@caam.gov.my
7	If you encounter any issues or have questions during the submission process, feel free to reach out to us at; <div style="margin-left: 40px;"> AIS Unit, Air Navigation Service Operation Division, Civil Aviation Authority of Malaysia Tel: 03 – 85291318 Email: ais@caam.gov.my </div>

A. AIPA SUBMISSION COMPLIANCE CHECKLIST

No	Items	Yes	No	N/A
1	Publication date and effective date* ¹ plan comply with AIRAC requirement (CAD 15) <i>*¹ refer to the latest AIC for AIS Publication Schedule</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Exemption Letter; (if Part A item 1 is not comply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Draft of Information Publication (Write up / Chart) * ² <i>*² For AIP Supplement and AIC only</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Additional / supporting document for publication reference as such survey report, letter of approval, letter of statement etc (if relevant).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Consulted with appropriate stakeholder / other data originator for changes of data/information involves other stakeholder / other data originator (if relevant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick (✓) where applicable
N/A (Not Applicable)

Check by (to be filled by AIS Officer for AIPA Receipt Notification):	Serial No: AIPA / YY / XXX
Name: Signature / Designation: Date:	Stamp of Notification



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B. APPLICATION FOR PUBLICATION

All portions of this form must be completed.

Originator Name / Company Name:	Date Submitted:
Originator Address:	
Responsible Person:	Position:
Telephone:	Email Address:

<i>AIP References (as applicable)</i>				<i>Text of AIP Amendment</i>	<i>Plan Effective Date²</i>	<i>Type of Promulgation</i>
<i>Page¹</i>	<i>Para.</i>	<i>Line</i>	<i>Col.</i>	<i>(For AIP Supplement & AIC, please attach draft information)</i>		
				<i>Note: If space is insufficient, please use ATTACHMENT FOR AIPA APPLICATION for additional information together with this form.</i>		<input type="checkbox"/> AIP AMDT <input type="checkbox"/> AIP SUP <input type="checkbox"/> AIRAC AMDT <input type="checkbox"/> AIRAC SUP <input type="checkbox"/> AIC Please tick (✓)



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<i>AIP References (as applicable)</i>				<i>Text of AIP Amendment</i>	<i>Plan Effective Date²</i>	<i>Type of Promulgation</i>
<i>Page¹</i>	<i>Para.</i>	<i>Line</i>	<i>Col.</i>	<i>(For AIP Supplement & AIC, please attach draft information)</i>		

*1 All pages and AMDT/AIRAC AMDT date in the AIP for each amendment should be quoted.

*2 Refer to the latest AIC for the latest AIS Publication Schedule.

*3 Checked by: must be PIC registered in Approved Data Originator Register (tentative date 2nd January 2025)

Prepared by:	Checked by^{*3}:	Checked by^{*3} (other relevant Data Originator)
Name:	Name:	Name:
Company/Agency/Division/Unit:	Signature:	Signature:
Signature / Designation:	Designation:	Designation:
Date:	Date:	Date:



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C. DATA COMPLETENESS CHECKLIST (for AIS OFFICE USE ONLY)

Serial No: AIPA / YY / XXX

No	Items	Yes	No	N/A
1	Completion of AIPA Part B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Compliance with AIRAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Exemption letter from the CEO of CAAM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	DRAFT of Publications (AIP AMDT, SUP & AIC) submitted together with AIPA form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Type of Publications			
	AIP AMDT	<input type="checkbox"/>		
	AIP SUP	<input type="checkbox"/>		
	AIRAC AIP AMDT	<input type="checkbox"/>		
	AIRAC AIP SUP	<input type="checkbox"/>		
	AIC	<input type="checkbox"/>		
6	Data Traceability			
	a) Originator is authorised for the proposed data/information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Consulted with other data originator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Information to be published not yet published in other publication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Data Timeliness			
	a) Proposal reach AIS on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Compliance of the proposed Publication Date with 7a).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Compliance of the proposed Effective Date with 7b).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Data Accuracy			
	All data conform to DQR in ADC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Data Resolution			
	All data conform to DQR in ADC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Data Integrity			
	All data conform to DQR in ADC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Data Format (Data Exchange Format)			
	a) Drawing format (.dwg or .dgn);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) AIP Dataset (AIXM or XML);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Obstacle Dataset (AIXM or Shapefile or Geotiff or ASCII);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Aerodrome Mapping Dataset (AIXM or Shapefile or Geotiff or ASCII);	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) Terrain Dataset (AIXM or Shapefile or Geotiff or ASCII); and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) Instrument Flight Procedure Dataset (AIXM).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick (✓) where applicable
N/A (Not Applicable)