

**E. Appendix F – Pro forma for modification of AMHS MD Identifier and/or Addressing Scheme (major change)**

**Part 1: Modification of PRMD-name Registration**

State: .....

Nationality letters: .....

PRMD-name registered before modification: .....

Please consider the following options in case of modification:

Option A: the PRMD-name to be the following reserved identifier.

Option B: the PRMD-name to be modified as proposed below, after validation by the Secretariat.

Option C: the PRMD-name to remain unchanged (only the addressing scheme is modified, see Part 2).

Please specify your choice (A, B or C):

If choice is B, please specify the proposed PRMD-name identifier:

P =
-----

Proposed applicability date for the modification (an AIRAC date): .....

Name of organization managing the AMHS MD (if applicable): .....

The contact point: .....

Postal/electronic mail address and telephone/fax number: .....

Additional comments:

**Pro forma for modification of AMHS MD Identifier and/or  
Addressing Scheme (major change) page - 2 -**

<b>Part 2: Modification of declaration of addressing scheme</b>
---

State: .....

Nationality letters: .....

PRMD-name registered before modification: .....

Addressing scheme declared before modification: .....

Please select one of the following options in case of modification:

Choice A: AMHS user addresses to be allocated by application of the (recommended) CAAS addressing scheme in the AMHS MD operated in the above State.

Choice B: AMHS user addresses to be allocated by application of the (default) XF addressing scheme in the AMHS MD operated in the above State.

Choice C: the addressing scheme to remain unchanged (only the PRMD-name is modified, see Part 1).

Please specify your choice (A, B or C):

If choice is A (CAAS), please fill in the following table for all location indicators found in Doc 7910 under the above nationality letters.

<b>Organization-name for the group of locations</b>	<b>location indicators</b>

(table to be expanded as appropriate)

**Pro forma for modification of AMHS MD Identifier and/or  
Addressing Scheme (major change) page - 3 -**

Proposed applicability date for the modification (an AIRAC date): .....

Name of organization managing the AMHS MD (if applicable): .....

The contact point: .....

Postal/electronic mail address and telephone/fax number: .....

**END of Appendix F**