

AFI REGIONAL MONITORING AGENCY (ARMA)

ARMA forms for use in obtaining information from a State authorities and/or Service Providers

NOTES TO AID COMPLETION OF ARMA FORMS

1. Please read these notes before attempting to complete forms for the ARMA.
2. It is important for the ARMA to have an accurate record of a point of contact for any queries that might arise. States are therefore requested to identify their National Program Manager with their first reply to the ARMA. Thereafter, there is no further requirement unless there has been a change to the information requested on the form.
3. If recipients are unable to pass the information requested to the ARMA through the Internet, by direct electronic transfer, or by data placed on a floppy disk/CD, a hard copy must be completed.
 - (1) Enter the single letter ICAO identifier as contained in ICAO Doc 7910. In the case of their being more than one identifier designated for the State, use the letter identifier that appears first.
 - (2) Enter the operator's 3 letter ICAO identifier as contained in ICAO Doc 8585. For International General Aviation, enter "IGA". For military aircraft, enter "MIL". If none, place an X in this field and write the name of the operator/owner in the Remarks row.
 - (3) Enter the ICAO designator as contained in ICAO Doc 8643, e.g., for Airbus A320-211, enter A320; for Boeing B747-438 enter B744.
 - (4) Enter series of aircraft type or manufacturer's customer designation, e.g., for Airbus A320-211, enter 211; for Boeing B747-438, enter 400 or 438.
 - (5) Enter ICAO allocated Aircraft Mode S address code.
 - (6) Date example: For October 26, 1998 write 10/26/98.
 - (7) Use a separate sheet of paper if insufficient space available.

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**POINT OF CONTACT DETAILS/CHANGE OF POINT OF CONTACT DETAILS FOR MATTERS
RELATING TO RVSM APPROVALS**

This form should be completed and returned to the address below on the first reply to the ARMA or when there is a change to any of the details requested on the form (PLEASE USE BLOCK CAPITALS).

STATE OF REGISTRY: enter State here

STATE OF REGISTRY (ICAO 2 LETTER IDENTIFIER): enter 2 letter State here

Enter the 2-letter ICAO identifier as contained in ICAO Doc 7910. In the event that there is more than one identifier for the same State, the one that appears first in the list should be used.

ADDRESS:

CONTACT PERSON:

Full Name: enter full name here

Title:

Surname:

Initials:

Post/Position:

Telephone #:

Fax #:

E-mail:

Initial Reply/Change of Details (*Delete as appropriate*)

When complete, please return to the following address:

RMA Address: Mr Kevin Ewels, Manager: ARMA Private Bag X1, Bonaero Park South Africa 1622

Telephone: 27-11- 928-6433

Fax: 27-11- 928-6420

E-Mail: afirma@atns.co.za

AFI REGIONAL MONITORING AGENCY (ARMA)

HEIGHT DEVIATIONS

(Form 1)

STATE:		ACC:		MONTH:	
State of Registry					
Flight Identification					
Operator					
State of Operator					
Aircraft Type and Series					
Registration					
Serial Number					
Mode S Address					
Total height deviation					
Total time of deviation					
Cause of Deviation ¹					
Date and Time of Measurement	Assigned Flight Level	Observed Flight Level	Air route	Geographical Location	
Provide description of incident including total height profile if available					
¹ Include Number from List Below					
1. Error in altimetry or altitude-keeping system of an aircraft					
2. Turbulence or weather related phenomena					
3. Emergency descent by aircraft without crew following established contingency procedures					
4. Response to Airborne Collision Avoidance System (ACAS) advisories					
5. Error in following a correctly issued ATC clearance, resulting in flight at an incorrect flight level					
6. Error in issuing an ATC clearance, resulting in flight at an incorrect flight level					
7. Errors in coordination or transfer of control responsibility for an aircraft between adjacent ATC units, resulting in flight at an incorrect flight level					
8. Other reason, include reason in Description of incident.					
NOTE: Complete with available information					

AFI REGIONAL MONITORING AGENCY (ARMA)

MONTHLY MOVEMENTS

(FORM 2)

STATE:

ACC:

MONTH:

TOTAL IFR MOVEMENTS FOR THE MONTH:

TOTAL MONTHLY IFR MOVEMENTS IN THE BAND F290 – F410

AVERAGE TIME PER MOVEMENT IN LEVEL BAND F290 – F410

LEVEL FLIGHT

CLIMBING AND DESCENDING

AFI REGIONAL MONITORING AGENCY (ARMA)

OTHER OPERATIONAL CONSIDERATIONS					(Form 3)
STATE:		ACC:		MONTH:	
COORDINATION FAILURES					
		NUMBER OF EVENTS IN MONTH			
COMMUNICATION FAILURE					
DATE	TIME	DURATION		CAUSE OF COMMUNICATION FAILURE	
		TOTAL TIME FOR MONTH			
TURBULENCE					
DATE	TIME	DURATION	MAGNITUDE ¹	LOCATION	
¹ Magnitude as measured from Meteorology Turbulence Scale					
ACAS INDICENTS					
Date	Time	Description of ACAS Incident			

AFI REGIONAL MONITORING AGENCY (ARMA)

AIRCRAFT TRAFFIC FLOW DATA

(Form 4)
***Revised by RVSM/TF/6**
May 2005

STATE: _____ **ACC:** _____ **MONTH:** _____

Please include information on all flights within the flight level band F290 – F410 (inbound, outbound and over flights)

DATE	ROUTE	CALLSIGN	AIRCRAFT TYPE	OPERATOR	DEPARTURE AERODROME	DESTINATION AERODROME	NAV EQUIPMENT	WAYPOINT/REPORTING POINT	TIME AT WAYPOINT/REPORTING POINT	FLIGHT LEVEL
01-01-2005	UR978	AFR827	A319	AFR	FCPP	LFBG		ERKEL	00:24	350
								KAMER	03:02	350
								ATAFA	01:04	350
								BOD	01:21	350
								ELO	02:11	350
								NADJI	02:21	350
01-01-2005	UR978	KQA310	B744	KQA	HKJK	VABB		ERKEL	00:59	370

Note: Please include all waypoints/reporting points, times and FL for the entire route per FIR

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AIRCRAFT TRAFFIC FLOW DATA

(Form 4)
***Revised by RVSM/TF/6**
May 2005

STATE:

ACC:

MONTH:

Please include information on all flights within the flight level band F290 – F410 (inbound, outbound and over flights)

DATE	ROUTE	CALLSIGN	AIRCRAFT TYPE	OPERATOR	DEPARTURE AERODROME	DESTINATION AERODROME	NAV EQUIPMENT	WAYPOINT/ REPORTING POINT	TIME AT WAYPOINT/ REPORTING POINT	FLIGHT LEVEL

Note: Please include all waypoints/reporting points, times and FL for the entire route per FIR