



International
Civil Aviation
Organization

Organisation
de l'aviation civile
internationale

Organización
de Aviación Civil
Internacional

Международная
организация
гражданской
авиации

منظمة الطيران
المدني الدولي

国际民用
航空组织

LN 3/24.1 - SA5641
LT 2/6B.69-SA452

21 August 2015

To: Mr. Philippe Guivarch, Regional Director of Civil Aviation, West Indies and French Guiana
Ms. Chaitrani Heeralall, Director General, Civil Aviation Authority (ag), Guyana
Mr. Falisie Jozef Pinas, Minister of Transport, Communication and Tourism, Suriname

Subject: **RLA/06/901 – Seventh SAM Meeting on ATS Routes Network Optimisation - SAM ATSR0/7**
(Lima, Peru, 12 to 16 October 2015)

Action required: Take note and nominate participants. Please confirm participation before **22 September 2015**

Sir/Madame,

I have the honour to address you this letter in order to invite your Administration to participate in the Seventh Meeting on ATS Routes Network Optimisation (SAM ATSR0/7), to be held in Lima, Peru, from 12 to 16 October 2015, under the auspices of Regional Project RLA/06/901 - “*Assistance in the implementation of an ATM regional system according to the ATM operational concept and the corresponding technological support for communications, navigation and surveillance (CNS)*”.

This meeting is aimed to develop implementation activities of Version 03 of the SAM Routes Network, concerning routes of stage 1 that are still pending and routes of stage 2 that are planned. Experts appointed by their Administrations should use the attached **Routes Master**, in Excel format, to identify:

- a) route optimisations to be implemented;
- b) benefits in fuel savings on selected routes;
- c) CO₂ reduction to be achieved using ICAO IFSET tool.

Likewise, should your Administration identify a route that can be optimised to generate important fuel savings, same can also be presented to the Meeting for early implementation.

The delegates should be experts, planners and/or Air Traffic Management (ATM) specialists from Civil Aviation Administrations and/or ATS service providers directly involved in the design and optimisation of airspace in SID and STAR RNAV routes within the PBN concept, with the authority to take decisions about airspace optimization during the Meeting.

The description of the meeting is included as **Attachment A**. **Attachment B** contains general information on the event. Draft agenda, explanatory notes and schedule of the meeting will be submitted opportunely.

According to the aforesaid, I am pleased to invite your Administration to nominate participants to attend this meeting, by submitting, if applicable, the attached registration form (**Attachment C**), duly filled out for each delegate, by e-mail (icaosam@icao.int) or by fax (+511 611 8689), to be received at this Regional Office no later than **22 September 2015**.

This event has been covered thanks to the contribution of your State to Regional Project RLA/06/901, taking into account that part of the annual fee sent to the International Civil Aviation Organization (ICAO) has an issue established for this purpose. It is worth to mention that Regional Project RLA/06/901 offers **two fellowships** for each participating State in this Project to attend this meeting.

In such sense, please take into consideration that States who wish to attend this event can make use of the following financing alternatives:

- a) Fellowships from a national ICAO Technical Cooperation Project approved by your State;
- b) Fellowships sponsored by Regional Project RLA/06/901, having **two** fellowship for each State participating in this Project, that does not count on the previous alternative, and having the interested administration to provide the air tickets to and from the host country; or
- c) Own resources of your administration, in the lack of any of the previous alternatives.

For participants who require a fellowship, the ICAO Fellowship Nomination Form is attached (**Attachment D**), and must be completed and submitted to this Office as soon as possible, in any case no later than **22 September 2015**.

Please be aware that the meeting will be conducted in Spanish, with English simultaneous interpretation service **only if confirmation of English speaking States participants is received in this Regional Office no later than 22 September 2015**. The corresponding documentation will be published in the ICAO SAM Office website: http://www.icao.int/SAM/Pages/ES/meetings_ES.aspx. No documentation is foreseen for distribution during the development of the meeting.

Messrs. Roberto Arca, ANS & SFTY Regional Officer (arca@icao.int) and Jorge Fernandez Demarco (jfernandezd@icao.int), ATM/SAR Advisor of the ICAO South American Office, are at your disposal should you require any additional information on this meeting.

Accept, Sir, the assurances of my highest consideration.



Franklin Hoyer
Regional Director
ICAO South American Office
Lima

Enclosure
As indicated

cc: Mr. Claude Miquel, Deputy Director of Civil Aviation, West Indies and French Guiana
Mr. Olivier Jouans, Regional Director of ATM services, West Indies and French Guiana
Mrs. Thelma Douglas Pinas, Permanent Secretary, Ministry of Transport, Communication and
Tourism, Suriname
Mr. Robby Venlo, acting Director of Civil Aviation Department, Suriname
Mr. Brian De Souza, acting Director, CASAS, Suriname
D/TCB, Montreal
C/FOS/PIU, Montreal



ATTACHMENT A

Project	Title of the event				ICAO Nomenclature
RLA/06/901	Seventh SAM Meeting on ATS Routes Network Optimisation – SAM ATSRO/7, to be held in Lima, Peru, from 12 to 16 October 2015				056 ATC PLN
Duration (calendar days)	Starting date	Ending date	Closing date for nominations	Language(s)	Fees USD
5	12 October 2015	16 October 2015	22 September 2015	Spanish / English	---
Timetable	Minimum vacancies	Maximum vacancies			
08:30 – 15:30	12	40			
Objective	On Version 03 of the SAM routes network, identify route optimisations to be implemented, benefits in fuel savings on selected routes and CO ₂ reduction to be achieved using ICAO IFSET tool.				
Who should attend	Addressed to experts, planners and/or Air Traffic Management (ATM) specialists from Civil Aviation Administrations and/or ATS service providers directly involved in the design and optimization of airspace in SID and STAR RNAV routes within the PBN concept, with the authority to take decisions about airspace optimisation during the Meeting.				
Contents	<p>Review the implementation activities of Version 03 of the SAM Routes Network, concerning routes of stage 1 that are still pending and routes of stage 2 that are planned. Experts appointed by their Administrations should use the available Routes Master, in Excel format, to identify:</p> <ul style="list-style-type: none"> a) route optimisations to be implemented; b) benefits in fuel savings on selected routes; c) CO₂ reduction to be achieved using ICAO IFSET tool. <p>Likewise, should a route be identified that can be optimised to generate important fuel savings, same can also be presented to the Meeting for early implementation.</p> <p>Finally, participant States that have not yet done so should provide major TMA points of entry and departure of their States in the SAM Region.</p>				
Presentation of participants	Date	Hour	Place	Contact persons	
	12/10/15	08:30	ICAO South American Regional Office, 4th. floor conference room, located at Av. Víctor Andrés Belaúnde 147, Centro Empresarial Real, Vía Principal N° 102, Edificio Real 4, 4th floor, San Isidro, Lima 27, Perú.	<p>Mr. Roberto Arca Jaurena, ANS & SFTY Regional Officer Tel. (511) 611 8686, ext. 106</p> <p>Mr. Jorge Fernández Demarco, ATM/SAR Advisor Tel. (511) 611 8686, ext. 104</p>	
Lodging	Refer to the list of hotel suggested in the Website www.icao.int/SAM .				

ATTACHMENT B



International Civil Aviation Organization
South American Regional Office
Seventh SAM Meeting on ATS Routes Network Optimisation
(SAM ATSRO/7) – Regional Project RLA/06/901
(Lima, Peru, 12 to 16 October 2015)

SAM ATSRO/7-IP/01
10/08/15

GENERAL INFORMATION

(Presented by the Secretariat)

1. **Site and dates**

The Seventh SAM Meeting on ATS Routes Network Optimisation (SAM ATSRO/7) will be conducted in the ICAO South American (SAM) Regional Offices premises in Lima, Peru, from 12 to 16 October 2015. Since we count with two conference rooms, it will be appreciated that upon arriving in the Office, you verify where the event will take place – floor 3 or 4.

2. **Coordinators**

Mr. Roberto Arca Jaurena
SAM ANS & SFTY Regional Office
Tel: +511 611-8686, ext. 106
Fax: +511 611-8689
E-mail: icaosam@icao.int
rarca@icao.int

Mr. Jorge Fernández Demarco
ICAO SAM ATM/SAR Advisor
Tel: +511 611-8686. Ext. 104
Fax: +511 611-8689
E-mail: icaosam@icao.int
jfernandezd@icao.int

3. **Participants Registration**

Participants should register on Monday, 12 October 2015, from 08:30 to 09:00 hours.

4. **General information**

Found in the “*General Information*”, “*List of Hotels*” and “*Weather*” sections in the ICAO SAM Regional Office website, <http://www.icao.int/sam> (left panel, under South American (SAM) Office).

5. **Documentation**

The documentation will be posted on the ICAO SAM Regional Office website, <http://www.icao.int/sam>, *Meetings*. Participants should check our website frequently to download the documentation. All participants must bring their own set of documentation (hard copy or electronically in a laptop) to the meeting venue; there will be no hard copies available for distribution.



**ORGANIZACIÓN DE AVIACIÓN CIVIL INTERNACIONAL
INTERNATIONAL CIVIL AVIATION ORGANIZATION**

RLA/06/901 Regional Project / Proyecto Regional RLA/06/901

**SÉPTIMA REUNIÓN PARA LA OPTIMIZACIÓN DE LA RED DE RUTAS ATS DE LA REGIÓN SAM /
SEVENTH MEETING ON SAM REGION ATS ROUTES NETWORK OPTIMISATION**

(SAM ATSRO/7)

Lima, Perú, 12 al 16 de octubre de 2015/ Lima, Peru, 12 to 16 October 2015

FORMULARIO DE REGISTRO / REGISTRATION FORM

1. Estado/*State*:
Organismo/*Organization*: _____

2. Nombre/*Name*: _____

3. Cargo/*Position*: _____

4. Participa como / *Participates as*:

Miembro/ Alternativo/ Delegado/ Observador Ponente/ Instructor/ Alumno/
Member Deputy Delegate Observer Lecturer Instructor Student

5. Dirección oficial /
Business address: _____

6. Tel.: _____ E-mail: _____

7. Hotel o dirección en
la ciudad/ *Hotel or
local address*: _____

8. Información de vuelo/ *Vuelo llegada/ fecha/ hora/*
Flight information: Arrival flight/ date/ hour: _____
Vuelo salida/ fecha/ hora/
Departure flight/ date/ hour: _____

Firma/
Signature: _____ Fecha/
Date: _____

ATTACHMENT D



INTERNATIONAL CIVIL AVIATION ORGANIZATION TECHNICAL COOPERATION BUREAU

GUIDE FOR THE COMPLETION OF ICAO FELLOWSHIP NOMINATION FORM

(This sheet should be detached by the originator prior to submitting the attached Fellowship Nomination Form to the local or regional UNDP Office for transmission to ICAO)

It is in the interests of Governments to ensure that the attached Nomination Form is fully completed for each nominee in *original and two copies*. All Nomination Forms should be submitted to the local UNDP Resident Representative who will then forward three copies to the appropriate ICAO Regional Representative. Nomination Forms should be received at the ICAO Regional Office at least *two months prior* to the starting date of the proposed courses.

PART I – NOMINATION BY GOVERNMENT

Please note the following:

Paragraph 1 should indicate the *main* field of training as specified in SECTION I – LIST OF TRAINING COURSES of the AVIATION TRAINING DIRECTORY OF ICAO.

Paragraph 2 should provide *specific* details as regards Host Countries, Training Institutes and Courses. For example: Air Traffic Control – Aerodrome and Approach Control, Procedural; Aircraft Maintenance – Boeing 737 Air Frame and Powerplant Systems should be shown instead of general phrases such as ATC, Aircraft Maintenance, etc.

Paragraph 4. The objectives of the Fellowship should be stated concisely and accurately.

PART II – NOMINEE'S PERSONAL HISTORY

The technical and/or specialized training data is indispensable in the formulation of the Fellow's programme to indicate what prerequisite/basic or advanced course may have to be added/eliminated to achieve the optimum result. The employment data is also an essential ingredient in the formulation of the programme, as it helps to define the type and level of the requested training.

PART III – LANGUAGE TEST

Unless a Fellow has had his/her academic education, especially High School and/or College, in the language of instruction to be used by the Host Countries proposed for the Fellowship, it is essential that a Language Test be administered at a certified Language School or at the local Embassy/Consulate of the Host Country to ascertain that the Fellow understands, reads, writes and speaks the instructional language sufficiently well to receive instruction in it.

Please see reverse side for additional information

ATTACHMENT D

PART IV-A and PART IV-B – MEDICAL REPORTS

It is essential that a nominee be healthy and free of any sickness which may require further examination and/or treatment during the tenure of the Fellowship. ICAO/UNDP will not pay any medical expenses incurred by a Fellow for sicknesses existing prior to the starting date of his/her Fellowship. Such expenses must be borne by the Fellow and/or his/her Government. A prospective Fellow must be examined by a medical doctor recommended by the local UNDP Office. Flight Crew Members and Air Traffic Controllers should take a thorough medical examination (Part IV-B) as specified in ICAO Annex 1, Chapter 6, paragraph 6.6, if they are pursuing a course leading to the award of a license. All others should take a general physical examination including a chest X-ray (Part IV-A).



**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

NOTE: Each item must be completed in full and all entries should be typewritten or written in block letters. The completed form should be forwarded in triplicate to ICAO through the Office of the UNDP Resident Representative for the country concerned at least two months prior to the starting date of the proposed programme. The UNDP Resident Representative will in turn forward the completed Form in triplicate to the appropriate ICAO Regional Representative.

PART I – NOMINATION BY GOVERNMENT

The Government of _____ hereby:

1. Nominates: Mr./Mrs./Ms.* _____
(family name) (first name) (middle name)

for an ICAO fellowship in the field of _____

(Please identify main Field of Training in accordance with the Aviation Training Directory of ICAO, Section I – List of Training Courses)

2. Requests the following programmes of training under this fellowship:

(List in chronological sequence the various stages of training or study envisaged and identify the level as *ab initio*, advanced, refresher, further specialization, familiarization tour, on-the-job training (OJT), etc. If space is insufficient, please attach additional sheet using the same format.)

Host Country(ies)	Training Institute(s) (firms/organizations)	Specific Courses	Period		Duration (weeks)
			from	to	
Total duration					

NOTE: The final fellowship study programme will be prepared by ICAO in consultation with the host countries and/or institutions, as the case may be. It may differ in detail, particularly regarding the duration of training and choice of host countries, from that requested. However, the objectives of the requested training programme will be respected by ICAO whenever possible.

*Delete that which is not applicable.

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART I – cont'd

3. Requests that this fellowship be financed under the following technical co-operation programme:
(Check as appropriate and insert project number)

- UNDP Country Programme Project No.: _____ Post No.: _____
- UNDP Regional Programme Project No.: _____
- UNDP Interregional Programme Project No.: _____
- Trust Funds agreement with ICAO Project No.: _____

4. Declares that the objectives of this fellowship are:

5. With respect to the nominee's transportation to and from host country(ies), agrees that:

- Will assume costs
- Will not assume costs

6. Certifies that:

- a) The nominee is obligated to return to his/her country, on completion of the fellowship programme for duty assignment in civil aviation for a minimum period of ____ years.
- b) The absence of the candidate by the granting of the fellowship will not adversely affect the rank, rights, salary or seniority corresponding to his job.
- c) All sections of this Nomination Form have been duly completed and the nominee is suitable for the proposed Training Programme.
- d) Nominee is/will be in possession of a valid passport which does not expire before the termination date of the Fellowship.

Signature of Civil Aviation Authority

Date: _____

Name: _____
(type or print)

Title: _____
AFFIX OFFICIAL SEAL OR STAMP

OBSERVATIONS BY ICAO PROJECT MANAGER / MISSION CHIEF

I certify that all sections of this Nomination Form have been duly completed and the nominee is suitable for the proposed Training Programme.

Date: _____

Signature

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART II – NOMINEE’S PERSONAL HISTORY

1. Name:	2. Marital Status:	3. Date of birth:
----------	--------------------	-------------------

4. Private address (for mailing purposes):

Telephone _____ E-mail _____

5. Name and address of person to be notified in case of emergency (other than the government authorities):

Telephone _____ E-mail _____

6. Language ability:

a) Mother tongue _____

b) Language/s used in Primary and Secondary school _____

c) Other language/s of which nominee has a working knowledge _____

d) Language/s to be used in proposed fellowship programme _____

7. School education record:

Name, Town, Country of School/s	Period		Grade completed and certificate acquired
	from	to	

8. College/university education record:

(If you have graduated with a diploma or degree indicate under “subject/s studied” only the major subject/s studies. Otherwise indicate all the subjects studied)

Name of college/university	Subject/s studied	Period		Degree /Diploma acquired
		from	to	

9. Technical and/or specialized training record:

(Proceed as with paragraph 8. Please list and specify all previous training received through ICAO fellowships for further education)

Name and place of Training Institute	Subject/s studied	Period		Duration (weeks)	Diploma/Certificate acquired
		from	to		

ATTACHMENT D

Form 602
(Rev. 8/10)
Page 4 of 8

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART II – cont’d

10. Employment record:
(Indicate last five years and/or two positions)

Employer (name of firm/organization)	Position last held	Period		Duties and responsibilities
		from	to	

11. Nominee’s statement:

- i) I understand that the ICAO fellowship will not become effective and no travel can be undertaken until I receive written notification and instructions of the award from ICAO.
- ii) Should I be awarded this fellowship I hereby undertake to:
 - a) Conduct myself, at all times, in a manner compatible with my status as holder of an ICAO fellowship;
 - b) Devote all my time during the fellowship programme to the successful pursuit of my studies as directed by ICAO and by the designated institution in the country of study;
 - c) Refrain from engaging in political, commercial, or any activities detrimental to the host country;
 - d) Submit reports, as required by ICAO and comply with all ICAO instructions; and
 - e) Return to my country, on termination of my fellowship programme, and to apply my newly acquired knowledge to further the development of civil aviation in my country.

I certify to the best of my knowledge that all the information given above is true in all respects.

Date: _____

Nominee’s Signature

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART III – LANGUAGE TEST

Note: This test is only required if the language to be used during the proposed fellowship programme is different from the mother tongue of the nominee or from the language used in the Primary and Secondary schools where he/she acquired his/her basic education (see PART II – Item 6). The test should be conducted by a school of language or university unless otherwise designated by ICAO to meet the requirements of the host country. The office of the UNDP Resident Representative or ICAO Technical Cooperation Mission should be consulted in this regard.

Name of institution conducting the examination: _____

Nominee's name: Mr./Mrs./Ms.*: _____

Language for which test was set: _____

RESULTS

(Check as appropriate)

1. Understanding:

- a) Understands without difficulty when addressed at normal speed.
- b) Understands nearly everything at normal speed although occasional repetition may be necessary.
- c) Understands almost everything if addressed slowly and carefully.
- d) Requires frequent repetition and/or translation of words and phrases.
- e) Does not understand even the simplest conversation.

2. Speaking:

- a) Speaks fluently, accurately and is easily intelligible.
- b) Occasionally makes errors which do not, however, obscure meaning.
- c) Makes frequent errors which occasionally obscure meaning.
- d) Speaks with so much difficulty that comprehension is difficult.
- e) Errors in speech so severe as to make comprehension virtually impossible.

3. Reading:

- a) Reads fluently with full comprehension.
- b) Reads slowly but understands almost everything he/she reads.
- c) Reads with difficulty; often consults the dictionary.
- d) Cannot understand what he/she reads.

4. Writing:

- a) Writes with ease and accuracy.
- b) Writes with few mistakes; can be understood.
- c) Writes with difficulty and makes frequent mistakes.
- d) Cannot write.

CONCLUDING REMARKS

Would this person be able to follow a technical course in this language? Yes No

Date: _____

Signature of examiner

Name: _____
(type or print)

AFFIX OFFICIAL SEAL OR STAMP

*Delete that which is not applicable

Photograph or Nominee

(to be affixed
before examination)

**INTERNATIONAL CIVIL AVIATION ORGANIZATION
FELLOWSHIP NOMINATION FORM**

PART IV - A – MEDICAL REPORT

Notes:

1. Flight Crew Members and Air Traffic Controllers who are to undergo training for the purpose of obtaining a license in accordance with ICAO Annex 1 shall use the form in Part IV-B.
2. Every nominee must undergo a complete medical examination conducted by a registered medical practitioner, including thorough clinical and laboratory examinations and X-ray of the chest. Medical papers (examination, laboratory, X-ray results, etc.) should not be forwarded unless requested.

The undersigned, Dr. _____ having completed the medical examination of nominee Mr./Mrs./Ms.* _____ whose photograph appears above, certifies the following:

(Check as appropriate)

The Nominee:

1. Is physically able to travel abroad? _____
2. Is mentally and physically able to carry out intensive studies? _____
3. Is free from infectious diseases? _____
4. Has good hearing? _____
5. Has good eyesight? _____
6. Is free from diseases that require treatment, or periodic medical examination during the proposed duration of the fellowship programme? _____

Yes	No

Additional comments by Medical Practitioner:

Date: _____

Signature of Medical Practitioner

AFFIX OFFICIAL SEAL OR STAMP
(to be affixed across photograph also)

*Delete that which is not applicable

