

Change notification by ANSP (EU) 2017/373

Please complete this form online and submit as instructed.

Please read the attached Guidance Notes before completing this form.

1 Contact details
1.1 Current Approval (Certificate holder and Certificate number(s)):
1.2 Contact person for this change:
1.3 Job title:
1.4 Phone:
1.5 Email:

2 Identification of Change	
2.1 Classification of the change:	
Change to the functional system <input type="checkbox"/> Change not affecting the functional system <input type="checkbox"/> (if ticked, please provide details in 4.3)	
2.2 Date of submission of this notification:	
2.3 Provide a title for this change:	
2.4 Propose a date for the introduction of the change:	
2.5 Internal Reference:	2.6 Notification version no.:
2.7 Date of the first submission (in case of new version):	

3 Change to the functional system (SA/SSA)
3.1 Assessment used for the change:
(Initial) Safety Assessment <input type="checkbox"/> (Initial) Safety Support Assessment <input type="checkbox"/>

3.2 Specify the organization(s) in charge of the SA and the SSA:

Please also list other organisations contributing to the assessment if applicable.

Safety Assessment:

Safety Support Assessment:

4. Description of the Change

4.1 Identify the constituents of the functional system being changed:

(Equipment/Procedures/Human Resources)

4.2 Identify the affected services

The Notified change involves systems/procedures/resources concerning:

- | | |
|---|--------------------------|
| Air traffic services | <input type="checkbox"/> |
| Meteorological services | <input type="checkbox"/> |
| Aeronautical information services | <input type="checkbox"/> |
| Data services | <input type="checkbox"/> |
| Communication services | <input type="checkbox"/> |
| Navigation services | <input type="checkbox"/> |
| Surveillance services | <input type="checkbox"/> |
| Air traffic flow management services | <input type="checkbox"/> |
| Airspace management services | <input type="checkbox"/> |
| Flight procedure design services | <input type="checkbox"/> |
| Other services | <input type="checkbox"/> |

4.3 Purpose of and reason for the change:

4.4 Place of implementation:
4.5 Summary of the (initial) Safety (support) assessment:
5.1 Describe the impact of the change:

Will the change:	Yes	No
- result in a new or changed safety case or safety assurance documentation	<input type="checkbox"/>	<input type="checkbox"/>
- change result in new or changed interoperability (IOP) documentation	<input type="checkbox"/>	<input type="checkbox"/>
- introduce new aviation standards, or use technology or processes that are new, or unfamiliar to the notifying org. (in transition or when implemented) ¹	<input type="checkbox"/>	<input type="checkbox"/>
- result in a change to operational or engineering manuals	<input type="checkbox"/>	<input type="checkbox"/>
- result in user training for operators and/or engineers	<input type="checkbox"/>	<input type="checkbox"/>
- require a 'deviation' from your change management procedures	<input type="checkbox"/>	<input type="checkbox"/>
- impact on the organizations ANSP/TO/ITO certificate	<input type="checkbox"/>	<input type="checkbox"/>

5.2 Describe other impacts/or provide details/elaboration to the result of 5.1:
6. Service Providers / other aviation undertakings affected by the change:

Mark all affected services (services of notifier included) and state 'the name of serviceprovider and/or other aviation undertakings affected by the change:

- Air Traffic Services (ATS): _____
- Communication, Navigation and Surveillance Services (CNS): _____
- Aeronautical Information Services (AIS): _____
- Meteorological Services (MET): _____
- Air Space Management Services (ASM): _____

¹ If YES in this paragraph, the change is by default considered a complex change, complex changes always require a review to be performed by the competent authority (CA).

- | |
|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Air Traffic Flow Management Services (ATFM): _____<input type="checkbox"/> Data Services (DAT): _____<input type="checkbox"/> Flight Procedure Design Services (FPD): _____<input type="checkbox"/> Other: _____ |
|--|

7. Submission Instructions: *please e-mail this document and attachments to ansp-notifikation@tbst.dk*

Name and date:

Guidance Notes for completing the Change Notification form

1. General information

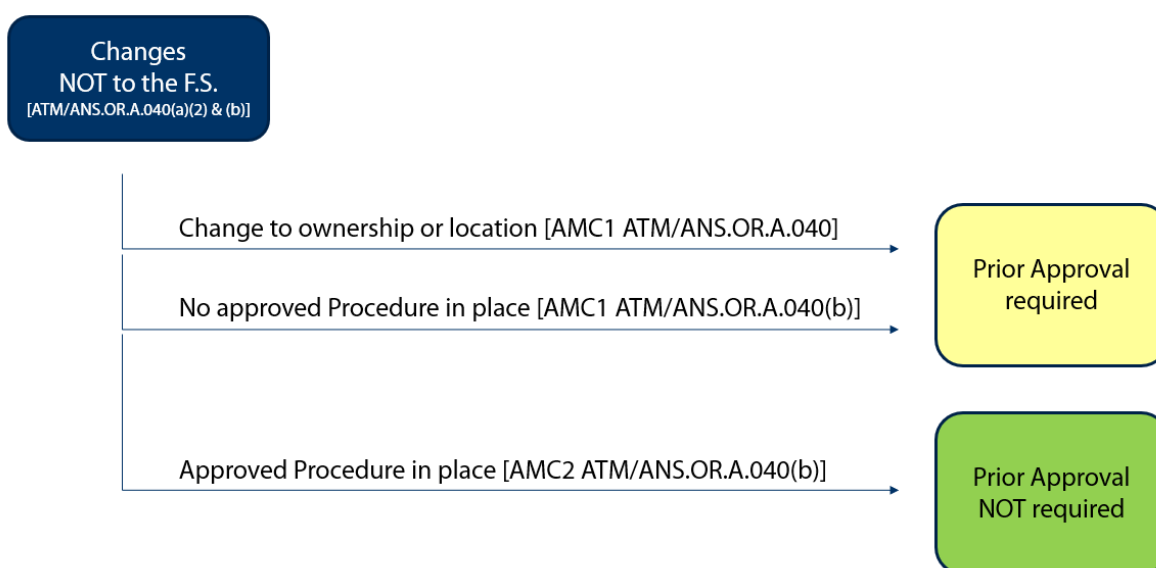
1.1 Changes not affecting the functional system:

A change to the provision of service, the service provider's management system and/or safety management system, that does not affect the functional system, requires prior approval before implementation, unless the change is notified and managed in accordance with a procedure approved by Trafikstyrelsen.

A change of the service provider's ownership and/or location of its facilities will always require prior approval and hence it should not be subject to the procedure mentioned above.

Changes that are subject to prior approval shall be submitted to Trafikstyrelsen a minimum of 30 working days before planned implementation.

Simplified overview:



This form can be used for applying for prior approval if no other means have been agreed between the SP and Trafikstyrelsen.

1.2 Changes to the functional system:

(EU) Regulation 2017/373 the Common Requirements for ATM/ANS requires ANSPs to notify the Competent Authority (CA) of all proposed changes to the functional system.

Upon receiving a notification of a proposed change to the functional system the competent authority shall decide on whether to review the change or not. The competent authority shall request any additional information needed from the service provider to support this decision.

Changes must be notified to the CA a minimum of 15 days in advance of the intended implementation date – this is to allow for the CA to decide if a review is required or not. Once a change is selected for review there is no time limit as to how long it will take to complete the review. Therefore, major and/or complex changes shall be notified as early as possible to prevent any delay in their implementation. Service Providers should not make plans for any implementation actions that cannot easily be postponed until the proposed change receives approval from the CA.

The CA review process is dependent on the quality of documentation provided by the service provider, and the confidence acquired by the CA that the proposed change will be implemented acceptably safe in the transition phase and function in accordance with the requirements specifications when operational.

1.2.1 Complex changes

The following are examples, which may be considered complex changes by the notifying organization – The list is not exhaustive:

- A change of aviation infrastructure from analogue to digital or processes or functions being changed from manual to automatization.
- Introduction of systems, services or working methods which are new to the present maintenance or operational environment i.e. an upgrade from no-ILS/just localizer to full ILS (GP/LOC)
- Upgrades to enhanced precision systems or working methods i.e. NAV systems up-grades to a more restricted category, i.e. from ILS CAT I to ILS CAT II/III
- Changes, which significantly upgrades or downgrades operational interfaces used by Air Traffic Controllers (Surveillance interfaces, COM interfaces, Navigation interfaces, MET interfaces or other controlling interfaces etc.)
- A change involving **more than two** separate service providers

Introduction of new aviation standards will always be considered eligible for review.

NOTE: A Change involving multiple service providers – i.e. ATS & CNS – needs to be notified separately by each service provider respectively, as well as separate approvals/replies need to be received from the authority before the change may be implemented.

NOTE: Some ATS-providers (AFIS) are currently exempted from notifying changes, but not from performing a safety assessment of the change.

For NON-ATS service providers, performing their services to ATS-providers (AFIS) exempted from notification, the NON-ATS service provider shall not proceed the change before having received reply or approval if needed from the CA – and coordinated properly with the ATS-provider.

Where the service provider is providing multiple services under the same organizational certificate the service provider may choose to notify a change, solely under its ATS certificate, although involving multiple services. The single notification method, as described, does however not exclude the involved "other services" under same certificate from complying with legislation and documenting the necessary steps to be performed for a specific change and service. The documentation will be subject to reviews and regular oversight.

Definitions:

A Safety Assessment provides assurance that the envisaged change will be acceptably safe during the change-necessary transitional activities, and function acceptably safe in accordance with the requirements specifications in the operational environment when finally implemented.

Safety Support Assessment provides assurance via specs and supporting evidence that the envisaged change will function in accordance with the requirements specification with a high degree of certainty.

2. Completing the form:

Section 1 - Contact details

1.1 Current Approval: Enter the name of your organization and certificate number.

1.2 – 1.5 Contact Details: Enter name, title and contact details. The Contact Person should be the person with overall responsibility for the implementation of the change and not necessarily the person in charge of completing the notification form.

Section 2 – Identification of the change:

2.1 Classification of the change: Indicate whether it is a change to the functional system or a change to the provision of service, the service provider's management system and/or safety management system, that does not affect the functional system.

2.2 Date of Submission: *Enter the date that the form is to be submitted to the CA.*

2.3 Provide a title for this change: *Give the change a descriptive name e.g. Implementation of remote tower system, Implementation of Electronic Flight Strips etc.*

2.4 Proposed date for the introduction of the change: *Proposed date of implementation even if only approximate.*

2.5 Internal reference: *Enter a local reference number that is unique to this change notification. Also add a version number i.e. Version 01, as it may be necessary to amend the change later.*

2.5 Notification version no.: *By default, enter version 1. Should the information in a change notification change, a new change notification form must be submitted with the same reference number and the version number increased by one.*

2.6 Date of the first submission: *In case it is an updated version of a notification, please enter the date where your organization sent the first version of the change notification.*

Section 3 – Changes to the functional system

3.1 Assessment used for the change: *Indicate the type of safety assurance case being used for the proposed change.*

3.2 Specify the organisation in charge of the Safety (Support) Assessment:
Please also list other organisations contributing to the assessment if applicable.

Section 4 – Description of the change

4.1 Identify the constituents of the functional system being changed: *Provide a description of the constituents of the functional system being changed. I.e. what kind of equipment/procedures/human resources are being changed.*

4.2 Identify the affected services: *Please identify the services affected by the change. (Ref. (EU) 2018/1139 Annex VIII paragraph 3.1 and ATM/ANS.OR.A.001)*

4.3 Purpose of and reason for the change: *Provide a description of the purpose of and reason why the change is needed.*

4.4 Place of implementation: *Enter the location(s) impacted by the change. For Multi-Site providers, where the change is applicable to all its locations, enter (All Units).*

4.5 Summary of the (initial) Safety (support) assessment:

The summary should include the justification for the safety risk and possible method used for the Safety (Support) Assessment.

Section 5 - Describe the impact of the change: *Tick the appropriate boxes and describe other potential impacts not listed. (see the explanation above on complex changes)*

Section 6 - Service Providers /other aviation undertakings affected by the change:
Tick the box to indicate which services are affected by the change. If not listed tick 'Other' and provide details.

Section 7 - Submission Instructions: *Please submit this form and attachment by e-mail to ansp-notifikation@tbst.dk*