APPENDIX 4. SIAP, RNAV SIAP, SATNAV AND/OR CVAP CHECKLIST

Name of Procedure: _____

	DATE	NAME/INITIAL
1. ATC Facility		
a. Consider requests for SIAP's from proponents, customers, other ATC facilities, FAA Headquarters and Regional Office, and/or interested parties as appropriate	_____	_____
b. Consider the following items:		
(1) Need/benefit	_____	_____
(2) Customers	_____	_____
(3) Environmental issues	_____	_____
(4) Airspace changes	_____	_____
(5) Altitude	_____	_____
(6) Expanded service volume (ESV)	_____	_____
(7) Fix/waypoint names	_____	_____
(8) Holding	_____	_____
(9) Design types (legs, feeder routes, etc.)	_____	_____
(10) Communication needs	_____	_____
(11) Equipment needs	_____	_____
(12) Video maps	_____	_____
(13) Waivers	_____	_____
(14) Legal ramifications/procedures	_____	_____
(15) Letters of Agreement	_____	_____

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	DATE	NAME/INITIAL
(16) Standard operating procedures	_____	_____
(17) Training	_____	_____
(18) Customer briefings	_____	_____
(19) Automation needs and changes	_____	_____
(20) Time lines	_____	_____
(21) Publication date	_____	_____
(22) Other items, as necessary	_____	_____
c. Coordinate with		
(1) All affected ATC facilities	_____	_____
(2) NATCA, other unions as appropriate	_____	_____
(3) ASW-520 for environmental issues, and as appropriate	_____	_____
(4) ASW-530 for operational issues, and as appropriate	_____	_____
(5) AOS, as appropriate	_____	_____
(6) ATB, as appropriate	_____	_____
(7) Airport operator for operational and environmental issues, as appropriate	_____	_____
(8) Customers and interested parties, as appropriate	_____	_____
(9) ASW-520 RNAV/SATNAV contractor	_____	_____
d. Submit the SIAP package to ASW-530, containing the SIAP checklist	_____	_____

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	DATE	NAME/INITIAL
2. ASW-530		
a. Review submitted SIAP package	_____	_____
b. Return the SIAP package to the originating ATC facility for modification, if not complete, correct, and/or accurate	_____	_____
c. Submit the SIAP package to FTW FPO/ AVN and/or ATA-100, as appropriate	_____	_____

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