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Международная
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منظمة الطيران
المدني الدولي

国际民用
航空组织

Ref.: T 8/2.11 & T 8/2.13 :AP061/10 (CNS)

30 March 2010

Subject: Information for AMC Table

Action Required: Respond at your earliest convenience
preferably **not later than 16 April 2010**

Sir/Madam,

I have the honour to remind you that paragraph 2.5.1.4.1.4 of *Manual on Detailed Technical Specifications for The Aeronautical Telecommunication Network (ATN) using ISO/OSI Standards and Protocols* (Doc 9880) has recommended that an AMHS Management Domain should implement the Common AMHS Addressing Scheme (CAAS) at the earliest opportunity to allocate MF-addresses to AMHS users within its domain of responsibility. In line with this recommendation, some of the States which have opted to use XF – Addressing Scheme may opt to change to the CAAS – Addressing Scheme. There is a formal procedure for the changing of a State declared addressing scheme which is provided in the Attachment to the State letter (AN 7/49.1-09/34) distributed on 16 April 2009. The procedure requires those States to fill up the attached pro forma when changing from XF to CAAS and forward the same to this Office at the earliest but not **later than 16 April 2010** for the next cycle of change. Information provided through the pro forma will then be used to update the AMC table in respect of that State.

EUROCONTROL, the agency assigned the responsibility by ICAO to provide and operate the ATS Messaging Management Centre (AMC) service has advised that User Addresses provided by some States are not complete. It has also been advised that the User Addresses table should only contain entries as an exception i.e. when there is a User Agent within that State which is on another X400 network. In such case, States are required to complete all User Addresses. Otherwise, States are required to remove all entries from the User Addresses table.

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I would request you to review the information provided on this issue and take necessary action required.

Accept, Sir/Madam, the assurances of my highest consideration.



Mokhtar A. Awan
Regional Director

Attachment:

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

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:

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

Part 2: Modification of declaration of addressing scheme

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.

Organization-name for the group of locations	location indicators

(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