



CIVIL AVIATION AUTHORITY OF SRI LANKA

APPLICATION FOR APPROVAL TO OPERATE AN AVIATION REFUELLING ORGANIZATION

1	Registered name of the Organization (applicant)	:	
2	Trading name (if different)	:	
3	Address of the principal place of Business	:	
4	(I) E-mail (II) Telephone (III) Fax	: : :	
5	Address of the place requiring approval	:	
6	(I) E-mail (II) Telephone (III) Fax	: : :	
7	Reason for application	:	
8	Types of Jet Fuel Stowed & Standard	:	
9	Other fuel types	:	
10	Procedures Manual Reference	:	

11	Maximum storage capacity	:	
12	Head of Operations and Contact Details	:	

This application is made for and on behalf of the organisation identified above. I certify that I am empowered by the organisation to ensure that all activities undertaken by the organisation can be financed and carried out to the standard required by the DGCA Sri Lanka.

Signature:

Date of application: