



**CIVIL AVIATION AUTHORITY OF SRI LANKA**  
**APPLICATION FOR THE ISSUANCE OF ATC RATINGS**

**I. Rating to be issued**

<b>Aerodrome Control Rating</b>	<b>Approach Control procedural Rating</b>	<b>Area Control Procedural Rating</b>	<b>Approach Control Surveillance -Rating</b>	<b>Area Control Surveillance -Rating</b>	<b>Area Control Surveillance -ADS Rating</b>
Katunayake <input type="checkbox"/>	Katunayake <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ratmalana <input type="checkbox"/>	Mattala <input type="checkbox"/>				
Mattala <input type="checkbox"/>					
Batticaloa <input type="checkbox"/>					

*(tick appropriate box)*

**II. Personal Particulars**

1. Name in full: .....

*(Block letters, Surname first)*

2. Telephone No.:..... E-mail Address.....

3. Licence No :...ATC/.....

4. i. The last date of Medical Examination :.....

ii. The validity of ATC Licence : .....

iii. The level of ELPC & Expiry date if any: .....

**III. Training Details**

5. Theoretical Training

<b>Title of the course /Details of the course</b>	<b>Country/ venue</b>	<b>Date of commencement</b>	<b>Date of completion</b>

6. On-the-job Training

OJT training & Name of the instructors	OJT centre	Date of commencement	Date of completion	Signature of OJT Instructors

7. Attached following documents

- I. certified copy of the course completion certificate
- II. Details of the training course (Subjects followed, venue , duration)

I hereby confirm that the above particulars and documents given by me are true and correct.

.....  
Date

.....  
Signature of Applicant

I certify that the entries in 5-7 are correct.

.....  
Date

.....  
Signature of Head of Air Navigation Services & Stamp

.....  
Delivery Date

.....  
Delivery Time