



CIVIL AVIATION AUTHORITY OF SRI LANKA

APPLICATION FOR THE RENEWAL OF ATC RATING/S

Payments Made	
Express Evaluation	
Normal Evaluation	

I. Rating to be renewed

Aerodrome Control Rating	Approach Control procedural Rating	Area Control Procedural Rating	Approach Control Surveillance – Rating	Area Control Surveillance – Rating	Area Control Surveillance –ADS Rating
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mattala <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batticaloa <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Tick appropriate box)

II. Personal Particulars:

1. Name in full:.....

.....

(Block letters, Surname first)

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

III. Professional Particulars:

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

4. Date of expiry of licence.....:

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

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

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

6. Date of expiry of rating/s:

Rating	Date of Expiry
Aerodrome Control Rating – (a) I Katunayake (K)	
Aerodrome Control Rating – (a) II Ratmalana (R)	
Aerodrome Control Rating – (a) III Mattala (M)	
Aerodrome Control Rating – (a) IV Batticaloa (B)	
Approach Control procedural Rating - (b) I (K)	
Approach Control procedural Rating - (b)II (M)	

Area Control Procedural Rating - (c)	
Approach Control Surveillance –Rating - (d)	
Area Control Surveillance –Rating – (e)	
Area Control Surveillance –ADS Rating	

7. Date of the Rating/s Renewal Test:.....

8. Recent Experience

Exercise the privileges of the rating endorsed on the licence for a period of not less than 40 hrs within the 06 months period immediately preceding this application.

9 Attach copy of the unit Roster during period mentioned below for each Rating applied for renewal:

Unit	Period
Aerodrome Control Rating – (a) I Katunayake (K)	
Aerodrome Control Rating – (a) II Ratmalana (R)	
Aerodrome Control Rating – (a) III Mattala (M)	
Aerodrome Control Rating – (a) IV Batticaloa (B)	
Approach Control procedural Rating - (b) I (K)	
Approach Control procedural Rating - (b) II (M)	
Area Control Procedural Rating - (c)	
Approach Control Surveillance –Rating - (d)	
Area Control Surveillance –Rating – (e)	
Area Control Surveillance –ADS Rating	

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

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Date

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Signature of Applicant

I certify that the entries in 7-9 are correct.

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Date

.....

Signature of Head of Air Navigation
Services & Stamp

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Delivery Date

.....

Delivery Time