Form: CAA/AS/041

Air Navigation Service Provider License Application Form

Note – An applicant who intends to obtain a License for two or more categories shall make separate applications for each Licensing category.

A. Type of the Aeronautical Service [please (√) tick only one]					
1.	Air Traffic Services				☐
2.	Aeronautical Information Services				☐
3.	Aeronautical Communication Services				☐
4.	Aeronautical Aids for Communication, Navigation or Surveillance				☐
5.	Aviation Security Services				☐
B. Details of the Applicant					
1.	Name of the Organization				
2.	Address of the Principle Place of Business				
3.	Telephone		4.	Fax	
5	Email				
C. Details of the Appointment as an Aeronautical Service Provider					
1.	Order Reference				
2.	Gazette Published Date				
D. Details of the Accountable Manager					
1.	Name (Mr./Mrs.)				
2.	Designation/ Title				
3.	Telephone		4.	Fax	
5.	Email				
E. Details of the Nominated Post-holder					
1.	Name (Mr./Mrs.)				
2.	Designation/ Title				
3.	Telephone		4.	fax	
5.	Email				

F. Details of documents to be submitted			
The Applicant must submit a Cover Letter with Certified True copies of following documents along with this application to Civil Aviation Authority for evaluation at least one hundred and twenty (120) days before the commencement of operations, [please tick (✓) for submitted documents]			
	Documents	Yes	No
1.	Minister Order published in the Gazette		
2.	Details of Financial Resources to fulfill both actual and potential obligations in the provision of the intended services		
3.	Details of valid liability insurance adequately covering the applicant's liability that may arise out of the activities performed under the license		
4.	Written Profile of the Accountable Manager with relevant supporting documents		
5.	Written Profile of the Post-holder with relevant supporting documents		
6.	If the applicant has been convicted for breach of any aviation safety or security requirements, those details with supporting documents		
7.	Payment Receipt for initial fee for Processing as per Fees & Charges Levied by CAASL		

G. Declaration			
I hereby apply for the Aeronautical Service Provider License to provide Aeronautical Service referred in Section A, on behalf of the applicant specified in section B of this application and certify that the information given in this application and the supporting documents are true and correct.			
Name			
Designation / Title			
Telephone		Fax	
Email			
Signature		Date	