Air Navigation Service Provider Competency Certificate Application/ Renewal Form

Note – An applicant who intends to obtain Competency Certificates for two or more categories shall make separate applications for each service category.

Application type: (Select as appropriate)	
Initial Issuance	☐
Renewal	☐

1	**Organizational Details**						
1.1	Name of Organization						
1.2	Address for Service *(Applicant is required to provide a physical address for service in Sri Lanka)*						
		Tel.		Fax.		email	
1.3	Postal Address *(if different from the above Address for Service)*						
		Tel.		Fax.		email	
1.4	Details of the person who may be contacted for further information:						
	Name						
	Position						
	Tel.						
	Fax.						
	Email						
2	**Operational Details**						
2.1	Service(S) to be provided *(Mark the appropriate boxes)* and Locations						
i	Air Traffic Services	☐					
	Aerodrome Control Service	☐	Location (Aerodrome)				
	Approach Control Service	☐	Location (Aerodrome)				
	Area Control Service	☐	Location (Airspace)				
	PANS – OPS Service	☐	Location (Aerodrome/Airspace)				
	Aeronautical SAR Service	☐	Location				
	Comments:						

ii	Aeronautical Information Service	☐		
	Aeronautical information products (including distribution services)			
	☐	Aeronautical information publication (AIP)	☐	AIP data se
	☐	Aeronautical information circular (AIC)	☐	Obstacle data sets
	☐	NOTAM	☐	Aerodrome mapping data sets
	☐	Instrument flight procedure data sets	☐	Preflight information services
	Comments:			
iii	Aeronautical Communication Service	☐		
	☐		☐	
	☐			
	Comments:			
iv	Aeronautical Aids for Communication Navigation or Surveillance	☐		
	Communications	☐		
	☐	Aeronautical Mobile Service (air-ground communication)	☐	Aeronautical Fixed Service (ground-ground communications)
	☐	Aeronautical Mobile Satellite Service (AMSS)		
	Comments:			
	Navigation	☐		
	☐	Provision of VOR	☐	Provision of DME
	☐	Provision of ILS	☐	Provision of GNSS
	Comments:			
	Surveillance	☐		
	☐	Provision of Primary Surveillance Radar (PSR)	☐	Provision of Secondary Surveillance Radar (SSR)
	☐	Provision of ADS – B	☐	Provision of ADS -C
	☐	MLAT	☐	
	Comments:			

2.2	Proposed Commencement Date:	
2.3	Daily Hours of Service:	
3	**List of documentation to be provided with the application**	
3.1	Manual Title	Amendment no. and date
☐	Manual of Operations	
☐	SMS Manual	
☐	Quality Manual	
☐	Training Manual	
4	**Details of Human Resources**	
4.1	Total number of staff intended to be deployed	
	Number of Management staff	
	Number of operations staff	
	Subordinate Staff	
	No of contracted staff (if any)	
4.2	Details of the Management Positions of the Organization	
	Management Position	**Name & Organizational Title**
	Accountable Manager	
	Nominated Post-holder	
	Head of the Service Provision	
	Safety Manager (as applicable)	
	Quality Manager (as applicable)	
	Training Manager (as applicable)	
Separate written profiles shall be accompanied with this application for each of the key management positions mentioned above. Note: In the renewal process, the names and tittles of unchanged positions who continue in CAA accepted senior roles, must be included in the form and need not to submit written profiles.		
5	**Training Details *(Indicate type of Training to be undertaken within the organization for operational personnel)***	
	Aerodrome Control Training	☐
	Approach Control (Procedural) Training	☐
	Approach Control (Surveillance) Training	☐
	Area Control (Procedural) Training	☐
	Area Control (Surveillance) Training	☐
	PANS – OPS Training	☐
	Search and Rescue Training	☐
	Aeronautical Information Services Training	☐
	Aeronautical Communication Services Training	☐
	Training on Aeronautical aids for Communication, Navigation or Surveillance	☐
	If training will not be provided within the service provider's organization, details of arrangements how training will be provided to operational personnel.	

6	Has the organization been convicted for any offence such as breach of any aviation safety or security requirements? YES ☐ NO ☐ Note: If "YES", please provide details with the application on separate sheets.	
7	**Declaration by Accountable Manager**	
	I hereby certify that to the best of my knowledge and belief the statements made, the information and attachments supplied are complete and correct.	
	Name of the Accountable Manager:	
	Contact address	
	Tel No.	
	Fax No.	
	E-mail	
	Signature	
	Date	
Note: Submit the completed application together with the appropriate fee and supporting documentation to The Director General of Civil Aviation, No.152/1, Minuwangoda Road, Katunayake, Sri Lanka.		