

CIVIL AVIATION AUTHORITY OF SRI LANKA

APPLICATION FOR APPROVAL TO OPERATE AN AVIATION REFUELLING ORGANIZATION

1	Registered name of the Organization (applicant)	:	
	of the Organization (applicant)		
2	Trading name (if different)	:	
3	Address of the principal place of Business	:	
	(I) E-mail	:	
4	(II) Telephone	:	
	(III) Fax	:	
5	Address of the place requiring approval	:	
	(I) E-mail	:	
6	(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:	 					 		 	 		