



**CIVIL AVIATION AUTHORITY OF SRI LANKA  
APPLICATION FOR A MODIFICATION ACCEPTANCE**

*Note: If additional space is required for any item, attached additional sheets.*

**Notes for completing this form**

- The completed application and supporting documentation should be sent to:  
 Director General of Civil Aviation  
 152/1, Minuwangoda Road,  
 Katunayake, Sri Lanka.  
  
 E-mail: [sldgca@caa.lk](mailto:sldgca@caa.lk)  
 Fax : +94 112 2440231
- Fees Payable shall be in accordance with published fees levied by Civil Aviation Authority of Sri Lanka. - (Refer CAASL website: [www.caa.lk](http://www.caa.lk) ).

|    |   |                              |
|----|---|------------------------------|
| 01 | Aircraft Type<br>Registration Marks                             |                              |
| 02 | Owner of Aircraft<br>Organization carrying out the modification |                              |
| 03 | Component Name<br>Component Part / Serial No                    |                              |
| 04 | Reason for Modification   |                              |
| 05 | Brief Description of Modification                               |                              |
| 06 | Approved Design Organization Modification Reference No.         |                              |
|    |   | Certificate of Airworthiness |
|    |   | Electrical Load Analysis     |
|    |   | Flight Manual                |
|    |   | Wiring Diagram Manual        |

|  |  |                          |  |                           |
|--|--|--------------------------|--|---------------------------|
| Documents affected<br><br><i>(Particulars of changes to be attached)</i> |  | Maintenance Program      |  | Radio Station License     |
|  |  | Maintenance Manual       |  | Parts Manual              |
|  |  | Structural Repair Manual |  | Weight and Balance Report |
|  |  | Compass Log              |  | Others(to specify)        |

|                           |                             |                              |        |          |     |          |
|---------------------------|-----------------------------|------------------------------|--------|----------|-----|----------|
| Weight and Balance Change | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Weight | Original | New | % Change |
|                           |                             |                              | Moment |          |     |          |
|                           |                             |                              |        |          |     |          |

I have reviewed all the substantiation documents submitted herewith and found them to be complete and in order.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Name & Designation of Applicant

\_\_\_\_\_  
Signature

**Notes**

(1) This form (in duplicate) must be submitted with one complete set of approved documents and a covering Letter. An incomplete submission may delay the acceptance of the modification.

(2) If the modification is complex (e.g. involving an STC) or uncommon the applicant is advised to inform and involve CAASL at an early stage by first submitting a letter of intent, the test schedule and any available test plans, followed on with periodic updates and discussions. DGCA may require to witness the tests as part of the process to accept the modification.

| <b>FOR OFFICIAL USE ONLY</b>  |   |
|---|---|
| <p>Received :</p> <p>_____<br/>Name &amp; Sign</p> <p>____/____/____ Date</p> | <p>Accepted by :</p> <p>_____<br/>For DGCA</p> <p>____/____/____ Date</p> |
| <p>DGCA Approval Reference :</p>  |   |