



**CIVIL AVIATION AUTHORITY OF SRI LANKA
CAASL FORM 4**

Details of Management Personnel required to be accepted as specified in IS _____

1. Name	
2. Position with the organization	
3. Qualifications relevant to the item (2) position*:	
4. Work experience relevant to the item (2) position*:	

Signature:

Date:

*On completion, please send this form under confidential cover to DGCA with necessary *enclosures*

For DGCA use only

Name and signature of authorized Airworthiness Inspector/officer accepting this person:

Signature:

Date:.....

Name:.....

Office:.....