

Office Use Only					
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Date					
Signature					

CIVIL AVIATION AUTHORITY OF SRI LANKA

APPLICATION FOR RENEWAL OF AIR TRANSPORT PROVIDERS (PASSENGERS) LICENCE

All organizations holding Air Transport Providers (Passengers) Licenses are required to complete this application together with <u>certified copies or originals of supporting documents</u> at the time of applying for renewal of the license. (Separate sheet may be used when space provided is inadequate)

01.	Name of Organization	
	Name of the GSA (Only for Foreign Airlines)	
02.	Address of the principal place of business and, branch offices (if Any)	
03.	Name of Chief Executive Officer	
	Telephone Number(s)	
04.	Facsimile Number(s)	
	Email Address	
05.	CAASL License (Pl. attach a copy of the current license) (A) License Number (B) File Reference (C) Date of Initial Issue	
06.	Present paid-up capital/ capital contribution (<i>Proofs should be attached</i>)	
07.	Total Number of Trained Staff (Minimum Two Ticketing Qualified Staff Standard Pax Course or any IATA Airline Basic Fares/Ticketing Course) (Please give their names and qualifications)	
08.	(A) Average Turn Over for the preceding two years (Please attach certified final accounts)	
	(B) Number of Tickets issued within the last financial Year. (Please specify tickets sold-destination wise) (Ex. CMB/MLE 500tkts)	

09.	(B) been blackliste default? (if so please sp	in bankruptcy f so please spec d under notice ecify) ng debts to any e/ Agent	of										
10.	Is any DGCA Licensed Agent in default of payment to you for more than a period of one year? (Please Specify)												
11.	Please Indicate your P (Please tick (✓) the Ap	propriate Box)		Main Agent			Sub Agen		nt				
12.	Name(s) of the Global used.	Distribution Sys	stems										
13.													
14.	VAT Registration Num	ber (If registere	d)								700	00	
I do hereby certify that all the information furnished by me in this application and the evidence submitted in proof of facts stated therein, are true and correct and I agree to notify the Civil Aviation Authority of Sri Lanka (CAASL) forthwith of any changes in the information provided above. Furthermore, I confirm that I will adhere to all rules and regulations published by CAASL pertaining to the Air Transport Providers (Passenger) License, including directive CAASL/AT/01/2019. Date													
For C	Office Use Only												
Pai	d the Evaluation Fee	Yes	No			voic	_	_					
					T]					
F	Paid the Certificate Granting Fee	Yes	No			voic lio no		-					