

Civil Aviation Authority of Sri Lanka

No: 152-1, Minuwangoda Road, Katunayake

Telephone No. 94-11-2358800, Fax: 94-11-2257154, E-mail: info@caa.lk, Website: http://www.caa.lk

CAA/AVSEC/001

APPLICATION FOR RECOMMENDATION TO **ISSUE OF AIRPORT ACCESS PERMITS**

A.	A. Recommendation Type [please (√) tick]												
	☐ Initi	□ Renewal											
В.	B. Required Type of Access Permit [please (√) tick]												
	Day Access Permits		Temporary Acce	ess Permits			Permanent Acces	ss Perr	nits				
C.	C. Details of documents to be submitted												
The Applicant (Airline / Representative Company of the Airline) must submit a Cover Letter with Certified True copies of following documents along with this application to Civil Aviation Authority for verification before 03 working days of intended day of require access to the airport. [please tick () for submitted documents; not applicable for renewals]													
#	Documents							Yes	No				
01	Certificate of Incorporation												
02	Any document / correspor			rement / Jus	stifica	ation in	Section E						
03	Appointment letters / Company IDs of Candidates												
04	National IDs / Passports o			O = = +: #: = = + = / (2		anational Aimeant						
05	If the candidate is a foreigner, Security Clearance Certificate / Current International Airport Access Permit (for Security Restricted Areas)												
06	If the candidate is a foreigner, Travel Authorization from Department of Immigration and												
	Emigration to travel in to Sri Lanka to perform duties justifies section E.												
07	07 Existing Airport Access Permit – Only for renewals												
Vote 1	lote 1: Incomplete Applications and Applications without proper supporting documents will be rejected.												
D.	D. Details of the Applicant (Airline / Representative Company of the Airline)												
1.	Name												
2.	Postal Address												
3.	Telephone				4.	Fax							
5.	E-mail												
E.	E. Requirement / Justification for Obtaining Recommendations to Issue of Airport Access Permits (in detail / Dates & Time should be clearly mentioned)												
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F. Details of Person/s who require access to Airport											
#		Name/s	Comp Design		National ID / Passport No:	Required areas to access					
1.											
2.											
3.											
4.											
5.											
6.											
7.											
Note 2: Please attach further details on a separate sheet if necessary.											
G. Declaration											
I hereby apply the recommendation on behalf of the applicant specified in section D, to issue of airport access permit/s by Airport & Aviation Services (Sri Lanka) Limited, for Person/s specified in Section F above and certify that the information given in this application are true and correct.											
Naı	me:			Title:							
Sigr	nature:			Date:							
Official Use Only											
Red	commen	dation for the approval by the	Civil Aviation	n Inspect	or 🗆 Y	es □ No					
Instructions to the Civil Aviation Officer:											
Nan				Do olemotic							
				Designation	on:						
Sigr	nature:			Date:							
Remarks by Civil Aviation Officer:											
	<u>'</u>										