



Civil Aviation Authority of Sri Lanka

FBO PERMIT/REGISTRATION No:

**APPLICATION FOR ISSUANCE OF INITIAL /
RENEWAL/AMENDMENT PERMIT FOR GROUND SUPPORT
SERVICES (ALIAS FIXED BASED OPERATOR)**

Initial

Renewal

Amendment

A	Information of the Coordinating Officer	
	i. Name	
	ii. Title/Position in the Company	
	iii. Nationality	
	iv. Date of Birth	
	v. NIC Number	
	vi. Gender	
	vii. Postal Address	
	viii. Telephone/ Fax	
	ix. e-mail	

B	Information of the Organization applying for Registration as FBO	
	i. Name of the Company (<i>Attach a certified copy of Company Registration</i>)	
	ii. Type of the Company (<i>Attach Company Registration Certificate</i>)	
	iii. Company Registration Number	

iv. Registered Address of the Company (<i>Attach a certified copy of Form 15</i>)	(1) Local :
	(2) Foreign :
v. Contact Details of the Company	<i>Telephone</i>
	<i>Fax</i>
	<i>E-mail</i>
	<i>Website</i>

C	Details of Directors of the Company	
i	Full Name	
	Title/Position in the Company	
	Nationality	
	Date of Birth	
	NIC Number	
	Gender	
	Postal Address	
	Telephone/ Fax	
	e-mail	
ii	Full Name	
	Title/Position in the Company	
	Nationality	
	Date of Birth	
	NIC Number	
	Gender	
	Postal Address	
	Telephone/ Fax	
	e-mail	

D	Training / Experience Details of Operational Staff for the coordination of intended services as an FBO.							
E	Airport(S) Requested (Project Proposals for intended Airports to Operate)							
	CMB		HRI		RML		JAF	
F	Agreement /MOU as applicable							
	Agreement /MOU				CMB	HRI	RML	JAF
i	Ground Handling Service Provider							
ii	Aerodrome Operator/Air Navigation Service Provider							
iii	Re-fueling Service Provider							
iv	Flight Dispatching Service Provider							
v	Engineering Maintenance Service Provider							
vi	Catering Service Provider							
vii	Security Service Provider							

G	Statistics reports for Preceding year :							
	Quarter	CMB	Quarter	HRI	Quarter	RML	Quarter	JAF
	Q1		Q1		Q1		Q1	
	Q2		Q2		Q2		Q2	
	Q3		Q3		Q3		Q3	
	Q4		Q4		Q4		Q4	

I hereby certify all information furnished above are true and correct.

NAME OF AUTHORIZED/ACCOUNTABLE OFFICER:

NIC/PASSPORT NUMBER :

SIGNATURE :

DATE :
