



Civil Aviation Authority of Sri Lanka

PERMIT/REGISTRATION No:	
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APPLICATION FOR ISSUANCE OF INITIAL / RENEWAL/AMENDMENT PERMIT FOR GROUND SUPPORT SERVICES COORDINATOR

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 Ground Support Services Coordinator	
	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	

iii	Full Name	
	Title/Position in the Company	
	Nationality	
	Date of Birth	
	NIC Number	
	Gender	
	Postal Address	
	Telephone/ Fax	
	e-mail	

D Details of the operational staff requesting the Airport Access Permits

i	Full Name	
	Title/Position in the Company	
	NIC Number	
	Gender	
	Telephone/ Fax	
	e-mail	

i	Full Name	
	Title/Position in the Company	
	NIC Number	
	Gender	
	Telephone/ Fax	
	e-mail	

E	Training / Experience Details of Operational Staff for the coordination of intended services as a Ground Support Services Coordinator.							
F	Airport(S) Requested (Project Proposals for intended Airports to Operate)							
	CMB		HRI		RML		JAF	
G	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							
H	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 :
