



**CIVIL AVIATION AUTHORITY OF SRI LANKA**

**APPLICATION FOR FLIGHT OPERATIONS OFFICER LICENCE  
TECHNICAL EXAMINATION**

1. Name (In Block Capitals) : .....

(a) Surname : .....

(b) Other Names : .....

2. Postal Address : .....

3. Contact Telephone Numbers : .....

4. E-mail : .....

5. Name of the training organization:

6. Subjects applied for : .....

(a) Civil Air law & Regulations

(b) Aviation Indoctrination

(c) Aircraft Mass and Balance Control

(d) Navigation

(e) Air Traffic Management

(f) Communication

(g) Meteorology

(h) Aircraft Mass & Performance

(i) Flight Planning

(j) Flight Monitoring

(k) Dangerous Goods by Air

(l) Security

(m) Human Factors

7. Subjects passed in previous attempts :

- (a) .....
- (b) .....
- (c) .....
- (d) .....
- (e) .....
- (f) .....
- (g) .....
- (h) .....
- (i) .....

I certify that the above particulars given by me are true and correct.

Date : ..... ..

Signature of the candidate

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Certificate by the Chief Instructor of the training organization

Director General of Civil Aviation,

I certify that the above named candidate has followed the Flight Operations Officer Training Course and successfully completed all examinations conducted by the training organization.

Signature : .....

Name : .....

Date : .....