



Office Use Only	Receipt No.
	Date

CIVIL AVIATION AUTHORITY OF SRI LANKA

APPLICATION FOR VALIDATION OF FOREIGN LICENCES TECHNICAL EXAMINATION

- PPL** **CPL** **BALLOON**
 CPL\IR **ATPL**

1. (a) Full Name :

(Please complete this in BLOCK LETTERS)

(b) Name with initials:

2. Permanent Address:

3. Telephone No.: 4. Fax No.....

5. Email Address:

6. Nationality: 7. Date of Birth: D.....M.....Y.....

8. ID/Passport No :

9. PPL/ CPL/ CPL-IR/ ATPL License No. (If any)..... Issued Date

10. Subjects applied for
 *Please apply the time in between 0900-1600 hrs on working days.

No	Subjects	Date	Time	Remarks
1	Air Law & Operational Procedures			
2	Composite Paper- 01			
3	Composite Paper- 02			
4	Composite Paper- 03			

11. (a) Is this your first attempt Yes No (b) If “No”, the dates of First attempt:

12. Subjects passed in previous attempts:

No	Subjects	Attempt No	Date
1			
2			
3			

I certify that the above particulars furnished by me are true and accurate to the best of my knowledge.

.....
 Date

.....
 Signature of the candidate