



CIVIL AVIATION AUTHORITY OF SRI LANKA

APPLICATION FOR TECHNICAL EXAMINATION FOR

- COMMERCIAL PILOT LICENCE**
- COMMERCIAL PILOT LICENCE/IR**
- INSTRUMENT RATING INTEGRATED**

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. (a) Name of the Flying school:
(b) Address :.....
.....
10. Private Pilot Licence No. (if any).....Last date of validity:

11. Subjects applied for

No	Subjects	Date	Time	Remarks
1	Air Law & Operational Procedures			
2	Aircraft General Knowledge, Principle of Flight			
	Part 01 – Airframe/Systems/Power plant			
	Part 02 – Instrument/electronics			
3	Flight Performance & Planning			
	Part 01 – Mass and Balance			
	Part 02 - Performance			
4	Human Performance & Limitation			
	Meteorology			
6	Navigation			
	Part 01 – General Navigation			
	Part 02 – Radio Navigation			
7	Communications			
	Part 01 – VFR			
	Part 02 – IFR			
8	Radio Telephony			

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

13. Subjects passed in first and other attempts:

No	Subjects	Attempt No	Year & Month
1			
2			
3			
4			
5			
6			
7			

14. Flying Experience :

	Dual	Solo
(a) Hours claimed as Pilot of Aeroplanes
(b) Night Flying
(C) Cross Country
(d) Instrument Time

15. Type of Aircraft :

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

.....

Date

.....

Signature of the candidate

Note : Please attach the course completion certificate