

| Office use only | |
|---------------------------|----------------|
| Serial Number | |
| Amount Paid | Receipt Number |
| Auth. Officer's Signature | Date of Issue |



CIVIL AVIATION AUTHORITY OF SRI LANKA

Application for Conducting General Aviation Operations

1. Name of the Company:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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| | | | | | | | | | | | | | | | | | | | |

2. Registered Address:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | |

3. Contact Details:

| | | | | | | | | | | | | | | | | | | | |
|------------|-------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| i | Telephone Number | | | | | | | | | | | | | | | | | | |
| ii | Fax Number | | | | | | | | | | | | | | | | | | |
| iii | Email | | | | | | | | | | | | | | | | | | |
| iv | Additional Info | | | | | | | | | | | | | | | | | | |

4. Type of General Aviation Activity:

| | | |
|----------|--|--|
| A | Hot Air Balloon | |
| B | Ultra-light Aircraft | |
| C | Para Glider/Powered Para Gliders/Gliders/Parachutes | |
| D | Radio Controlled Model Aircraft | |

(Please tick (✓) the appropriate cage)

Attach certificate of business registration in the case of a Commercial Operation

5. Type of Operation :

| | |
|-----------------------------|--|
| <i>Private Operation.</i> | |
| <i>Commercial Operation</i> | |

6. **Type of equipment and registration number.***(indicate only weight category- R/C model aircraft clubs)*

| | Flying Device | Serial Number | Registration No (if applicable) |
|-----|---------------|---------------|---------------------------------|
| i | | | |
| ii | | | |
| iii | | | |

7. **Detailed information regarding the profile of the management and operations staff, employed**
Should be provided in part II of form “A” (attached)

8. **Details of intended operations (private/commercial/training) areas.**

| | Area | Type of Operation |
|-----|------|-------------------|
| i | | |
| ii | | |
| iii | | |
| iv | | |

9. **Names and addresses of organizations responsible for maintenance.**

| Name of the organization | Address | Contact Details |
|--------------------------|---------|-----------------|
| | | |
| | | |

10. **Details of the Insurance policy.**

| | |
|---------------|--|
| Available | |
| Not Available | |

| | |
|---------------|--|
| Policy Number | |
| Date of issue | |

11. **Submission of the Operations Manual.**

| | |
|--------------------|--|
| Submitted | |
| Pending Submission | |

| | |
|-----------------------------|--|
| Intended date of submission | |
|-----------------------------|--|

12. Accountable Person

| | |
|------------------------|--|
| Name of the CEO | |
|------------------------|--|

I hereby confirm that all the information provided by me in this application and the evidence submitted in proof of facts stated therein, are true and correct.

Date.

.....
Signature/Company Seal

For Office Use Only

| Evaluation Fee | Mode of Payment | | | Receipt Number | Date | Officer In-charge |
|----------------|-----------------|--------|------|----------------|------|-------------------|
| | | Number | Date | | | |
| | <i>Cash</i> | | | | | |
| | <i>Cheque</i> | | | | | |
| | | | | | | |

| Registration Fee | Mode of Payment | | | Receipt Number | Date | Amount Paid | Officer In-charge |
|------------------|-----------------|--------|------|----------------|------|-------------|-------------------|
| | | Number | Date | | | | |
| | <i>Cash</i> | | | | | | |
| | <i>Cheque</i> | | | | | | |
| | | | | | | | |

FORM "A"

Part 1

Company / Business Name :- _____

Name of the Directors/Partners :- **1.** _____
2. _____
3. _____
4. _____

Details of business partners.

1. _____
2. _____
3. _____
4. _____

Name of General Manager : _____

Name of Company Secretary : _____

Form A Part II

| Name of the Staff member | Appointment | Qualifications in the field of aviation | Years of Experience in the field of aviation |
|--------------------------|-------------|---|--|
| | | | |

Form A – Part III

Brief description on types of operations in respective areas, (please attach the consent/approval of the custodian of the site for the operation)

| Area | Description on the intended operations |
|-------------|---|
| | |
| | |
| | |
| | |