



Office Use Only		
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Date		
Signature		

CIVIL AVIATION AUTHORITY OF SRI LANKA
APPLICATION FOR RENEWAL OF AIR TRANSPORT PROVIDERS
(PASSENGERS) LICENCE

All organizations holding Air Transport Providers (Passengers) Licenses are required to complete this application together with **certified copies or originals of supporting documents** at the time of applying for renewal of the license. (Separate sheet may be used when space provided is inadequate)

01.	Name of Organization	
	Name of the GSA (Only for Foreign Airlines)	
02.	Address of the principal place of business and, branch offices (if Any)	
03.	Name of Chief Executive Officer	
04.	Telephone Number(s)	
	Facsimile Number(s)	
	Email Address	
05.	CAASL License (Pl. attach a copy of the current license)	
	(A) License Number	
	(B) File Reference	
	(C) Date of Initial Issue	
06.	Present paid-up capital/ capital contribution (Proofs should be attached)	
07.	Total Number of Trained Staff (Minimum Two Ticketing Qualified staff Standard Pax Course or any IATA Airline Basic Fares/Ticketing Course) (Please give their names and qualifications)	
08.	(A) Average Turn Over for the preceding two years (Please attach certified final accounts)	
	(B) Number of Tickets issued within the last financial Year. (Please specify tickets sold-destination wise) (Ex. CMB/MLE 500tkts)	

09.	Has the organization or any of its Directors/Managers; (A) been involved in bankruptcy proceeding ? (if so please specify) (B) been blacklisted under notice of default? (if so please specify) (C) Owe outstanding debts to any DGCA Licensed Airline/ Agent (if so please specify)				
10.	Is any DGCA Licensed Agent in default of payment to you for more than a period of one year? (Please Specify)				
11.	Please Indicate your Present Capacity (Please tick (✓) the Appropriate Box)	Main Agent		Sub Agent	
12.	Name(s) of the Global Distribution Systems used.				
13.	Names of DGCA Licensed Agents with whom the organization carries on the business of Air Transportation.				
14.	VAT Registration Number (If registered)				7000

I do hereby certify that all the information furnished by me in this application and the evidence submitted in proof of facts stated therein, are true and correct and I agree to notify the Civil Aviation Authority of Sri Lanka forthwith of any changes in the information provided above.

Date:

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Signature of the Chief Executive Officer & Office Seal

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Mode of Payment		Receipt Number	Date	Amount Paid	
	Number	Date		Ren. Fee	Late sub. Fee
Cash					
Cheque					

To be filled by the OSS Officer of the CAASL

	Forwarded to Finance Section		Checked OSS reports & forward to AT&LA section			
Round	Signature	Date	Complete	Incomplete	Signature	Date
1 ST						
2 ND						