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## CIVIL AVIATION AUTHORITY OF SRI LANKA

Application for Permission to carry on the business of  
Air Transportation in Sri Lanka

**1. Name of the Agency:**


**2. Registered Addressed:**


**3. Address of Principal Place of Business:**


**4. Nature of Company:**

A	Incorporated Company	
B	Partnership	
C	Sole Proprietorship	

(Please tick (✓) the appropriate cage)

- Attach certificate of business registration in the case of (a) and (c) above or the memorandum of association and articles of association in proof of (a)
- Complete part I of form "A" (attached)

5. (A) Paid up capital or Capital Contribution : **Rs.**

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(Please attach proof)

(B) Group of license required:

A	
B	

**6. What is the capacity of the applicant?**

<b>Principal</b>	
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<b>Agent</b>	
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<b>Sub Agent</b>	
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*(Please tick (✓) the appropriate box and provide a letter of agency or other form of proof)*

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

**8. Details about the floor area of the premises that the applicant will use for the business of providing air transportation services and facilities available.**

**(A). Floor Area.**

**(B). Facilities**

<i>Sq.m (m<sup>2</sup>)</i>	
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	Numbers/Details if Available	Not Available
<b>Telephone</b>		
<b>Facsimile</b>		
<b>E-mail</b>		
<b>Telex</b>		
<b>SITA</b>		
<b>Cable</b>		
<b>Computer Reservation System</b>		
<b>Other Facilities</b>		

*(Please indicate number and/or code in the above cages as appropriate)*

**9. Contact Person**

<b>Name of the CEO</b>	
<b>Name of the Accountable Manager</b>	

**10. What is the annual average turnover of the applicant's business in the last three years.**

<b>Year</b>	<b>Average Turnover in Rupees</b>
<b>200...</b>	
<b>200...</b>	
<b>200...</b>	

Please attach copies of balance sheet/income/expenditure account in respect of the accounting period 1<sup>st</sup> April to 31<sup>st</sup> March of the previous financial year.

The applicant hereby undertakes that the business premises referred to above in respect of which a license is sought, shall not be shared with, or used for the purpose of carrying on any other business other than the business of providing air transportation services.

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 (CAASL) forthwith of any changes in the information provided above. Furthermore, I confirm that I will adhere to all rules and regulations published by CAASL pertaining to the Air Transport Providers (Passenger) License, including directive CAASL/AT/01/2019.

**Date.** .....

.....  
**Signature of the Chief Executive  
Officer & Office Seal**

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	<b>Yes</b>	<b>No</b>	<b>Invoice (folio no.)</b>
<b>Paid the Evaluation Fee</b>			

	<b>Yes</b>	<b>No</b>	<b>Invoice (folio no.)</b>
<b>Paid the Certificate Granting Fee</b>			

**FORM "A"**

**Part 1**

**Company / Business Name** :- \_\_\_\_\_  
\_\_\_\_\_

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

**Indicate Paid up capital of the Company or net worth of the Business** : \_\_\_\_\_

<b>Name of Directors/Partners Allocation</b>	<b>Capital Contribution</b>	<b>Share</b>
<b>1.</b> _____	_____	_____
<b>2.</b> _____	_____	_____
<b>3.</b> _____	_____	_____
<b>4.</b> _____	_____	_____

**Name of General Manager** : \_\_\_\_\_

**Name of Company Secretary** : \_\_\_\_\_

Name of the Staff member	National Identity Card Number	Highest Educational Qualification	Travel Trade Related Qualifications	Years of Experience in the Travel Trade

**Form A Part II**