



APPENDIX A

Form No. : CAA/OP/001

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| APPLICATION FOR PERMISSION TO ESTABLISH AIR SERVICES OPERATIONS IN SRI LANKA | | For office use only Serial Number: Issued To: | |
| <p>The undersigned applies for the permission pursuant to Air Navigation Regulations to establish Air Services Operations in Sri Lanka as herein described and certified that the facts stated in this application are complete, accurate and timely and that the copies of any documents to the application are true copies.</p> | | | |
| Particulars of the Applicant | | | |
| i. Name of the airline: | | ii. If a partnership/ registered company or corporation; Registration Number: xxxx Date of Registration: | |
| iii. Business Name: | | | |
| iv. Trade Name: | | | |
| Chapter 1 - v. Name of Chief Executive Officer & Title | Chapter 2 Nationality | Chapter 3 Brief description of business experience in air transportation | |
| | | | |
| 8. <u>vi. Name of Directors</u> | 9. <u>Nationality</u> | Brief description of business experience in air transportation | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| vii. Mailing address (Head Office): | | Tel. | : |
| | | Fax | : |
| | | e-mail | : |
| | | AFTN | : |
| viii. Mailing address (Main Flight Operations Base): | | Tel. | : |
| | | Fax | : |
| | | e-mail | : |
| | | AFTN | : |
| ix. Principle place of business (if different from vii & viii): | | Tel. | : |
| | | Fax | : |
| | | e-mail | : |
| | | AFTN | : |



x. Evidence of the present corporate existence of the applicant:
(Please attach copies of any Act, Memorandum and Articles of Association, Certificate of Incorporation or other instrument form which company or corporation derives powers and functions.)

xi. Nationality / ownership and control:
(Please attach proof of the nationality of the interests holding substantial ownership and effective control of the applicant, having due regard to any existing intergovernmental air transport agreement under which the operating permission is being sought by the applicant)

| xii. Class of Operation | Scope of Operation | | | | | |
|------------------------------------|---------------------------|--------------|-------------|----------------------|--------------|-------------|
| Private | | | | | | |
| Aerial Work | | | | | | |
| | Domestic | | | International | | |
| | Passengers | Cargo | Mail | Passengers | Cargo | Mail |
| | | | | | | |
| Charter | | | | | | √ |
| Regular Transport Operation | | | | | | √ |

xiii. Proposed Routes:
(Please indicate proposed destinations, alternates, weekly frequencies and place(s) where the 5th freedom traffic rights are sought)

xiv. Particulars of connecting services:
(Please furnish particulars regarding agreements with other carriers for Code-sharing, Block Seat arrangements etc.)



| Economical Data (refer attachment L) | | | |
|--|----------------|----------------|------------|
| i. Fares and Rates: (Please furnish particulars of all fares and rates applicable to be charged on the service proposed, including particulars of any surface transport, accommodation or other such services which will be covered by such fares and freight rates.) | | | |
| 1.1. ii. documents to be provided: Applicant business plan The method of financing | | | |
| 1.2. iii. Financial status: (Please attach following documents) Details of the financial structure of the organization Proof for the paid up capital / capital contribution Certified copy of the applicant's last balance sheet Certified copy of the profit & loss account Cash flow account for the preceding two years If the applicant has not yet engaged in the business of air transportation, particulars of plans for financing the proposed operations Investors (if any) and nature of their contribution | | | |
| vi. Insurance: (Please attach a concise statement of present and/ or proposed insurance coverage and limits for employees, passenger liability, cargo and liability to third parties for injury or damages) | | | |
| Operational Details | | | |
| 1.3. i. Nominated Accountable Manager: | | | |
| Name | Qualifications | Experience | |
| | | | |
| ii. Organizational Structure and Nominated Post Holders of the company: | | | |
| Position | Name | Qualifications | Experience |
| Director Flight Operation | | | |
| Director Engineering and Maintenance | | | |
| Director Training | | | |
| Director Ground Operations | | | |
| Director Airline Security | | | |
| Director In Flight Services (Cabin Safety) | | | |
| Director Quality | | | |
| Director Safety Management System | | | |



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|----------------------------|--|--|--|
| Chief Pilots of Each Fleet | | | |
|----------------------------|--|--|--|

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| iii. Aircraft details: | |
| Type of aircraft | |
| Year of Manufacture | |
| Serial number | |
| Registration number | |
| Type of engines | |
| Maximum seating capacity | |
| MTOW | |
| Design service goal | |
| Flight cycles | |
| Crew Requirement | |
| Communication equipment available | |
| Navigation equipment available | |
| Surveillance and safety equipment available | |
| iv. Method of acquisition of aircraft: | |
| owned <input type="checkbox"/> | dry lease <input type="checkbox"/> wet lease <input type="checkbox"/> |
| v. Hangar and parking facilities available: <input type="checkbox"/> | |
| vi. Places of proposed operations and facilities and service available: | |
| vii. Training programmes for operational staff including particulars of simulators intended to be used for training: (Please attach training programmes) | |
| viii. Training, Testing and checking arrangements for operational staff: | |
| ix. Preflight preparations , facilities for Flight-Following and Dispatch Procedures: | |



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| x. Line stations, staff and procedures, arrangement, facilities and services available for flight dispatch: |
| xi. Proposed Flight Schedule : |
| xii. Scheme for flight time, flight duty period, duty period and rest periods for fatigue management of flight and cabin crew members: |
| xiii. Minimum number of flight crew and method of proposed recruitment: |
| xiv. Special approvals required: ETOPS <input type="checkbox"/> CAT II/ CAT III <input type="checkbox"/> RNP <input type="checkbox"/> RVSM <input type="checkbox"/> MNPS <input type="checkbox"/> Transport of Dangerous Goods <input type="checkbox"/> |
| Maintenance arrangements : |
| (Please provide following information) The maintenance management exposition Maintenance Control Manual The operator's airplane maintenance programmes The airplane technical log Where appropriate, the technical specification(s) of the maintenance contract(s) between the operator and any approved maintenance organization The number of airplanes |
| Manuals : |
| (Please provide following manuals in English language) Flight Operations Manual Safety Management Systems Manual Training Manual Security Manual ETOPS Manual (if required) CAT II/ CAT III Manual Route Manual Dangerous Goods Manual Airplane Flight Manual, Master Minimum Equipment List, Operating Manual and any other Manual produced by the Manufacturer in respect of each aircraft |

**MEL****Maintenance Control Manual****Maintenance Schedule in respect of each aircraft****Weight and Balance Manual****Safety and Emergency Procedures Manual****Ground Handling Manual****Administrative Procedures Policy Manual****Schedule of Events****(Please complete Annex 1)****Training proposals for CAA Inspectors****(The applicant shall provide complete training (type courses) for at least two Flight Operations Inspectors and two Airworthiness Inspectors at its own expenses, if the applicant intends operating aircraft which are not familiar to CAA Inspectors)****Contracted Services****(Please provide details of facilities, services and equipment or personnel , which the applicant has contracted)****Line Station Management****(Please provide details as to how the applicant intends maintaining and operating its line stations)**



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| Accident Victim Relief Programme |
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| Programme for removal of disabled aircraft from the active runway |
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| Additional information |
| (Please supply any other information, which the applicant deems necessary and suitable in support of the application) |
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| Nature & description of aircraft livery : |
| (Please attach a colour photograph) |
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Names & Signatures of the Board of Directors

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NOTE: FORWARD APPLICATION AND SUPPORTING DOCUMENTATION TO:

**Director-General of Civil Aviation and Chief Executive Officer
Civil Aviation Authority of Sri Lanka
P.O. Box 56, No. 152/1, Minuwangoda Road,
Katunayake.**