



**Appendix A - Application for Issue / Renewal of Foreign Airline Licence with Foreign Air Operator Certificate**

**Policy Reference: As per Section 84 (2), Section 89 and Section 73 (2) of Civil Aviation Act, No 14 of 2010**

**Initial Issue**
                         
  **Renewal**

<b>01</b>	<b>Registered Company Name:</b>			
<b>02</b>	<b>Trading Name:</b> (If different to 01.)			
<b>03</b>	<b>ICAO Airline Code:</b>			
<b>04</b>	<b>Registered Business Address:</b>			
<b>05</b>	<b>Postal Address:</b> (If different to 04.)			
<b>06</b>	<b>Telephone:</b>			
<b>07</b>	<b>Fax:</b>			
<b>08</b>	<b>E-mail:</b>			
<b>09</b>	<b>AFTN:</b>			
<b>10</b>	<b>Location of the main flight operations base:</b>			
<b>11</b>	<b>Location of the maintenance base:</b>			
<b>12</b>	<b>Description of the Method of Control and Supervision of Flight Operations from base:</b>			
<b>13</b>	<b>Details of person in-charge of Flight Operations in the Airline:</b>			
	Name:		Phone:	
	Fax:		E-mail:	
<b>14</b>	<b>Details of person in-charge of Maintenance/Engineering in the Airline:</b>			
	Name:		Phone:	
	Fax:		E-mail:	
<b>15</b>	<b>Details of person in-charge of Quality Assurance in the Airline:</b>			
	Name:		Phone:	
	Fax:		E-mail:	
<b>16</b>	<b>Details of person in-charge of Aviation Security in the Airline:</b>			
	Name:		Phone:	
	Fax:		E-mail:	



<b>17</b>	<b>Type of Operation:</b>			
	<input type="checkbox"/>	Scheduled Passenger	<input type="checkbox"/>	Non-Scheduled Passenger
	<input type="checkbox"/>	Scheduled Cargo	<input type="checkbox"/>	Non-Scheduled Cargo
	<input type="checkbox"/>	Scheduled Passenger & Cargo	<input type="checkbox"/>	Non-Scheduled Passenger & Cargo
<b>18</b>	<b>Destination airport(s) in Sri Lanka:</b>			
<b>19</b>	<b>Maintenance arrangement in Sri Lanka for each Aircraft type which is operated</b>			
<b>20</b>	<b>Flight frequency per week per destination:</b>			
<b>21</b>	<b>Flight frequency in a season:</b> <i>(Only applicable for non-scheduled operators)</i>			
<b>22</b>	<b>Details of Regulatory Authority for Air Operator Certification:</b>			
	Name:			
	Address:	Phone:		
	Email:	Fax:		
<b>23</b>	<b>Individuals who are responsible for your Flight Operations and Maintenance, from above mentioned Regulatory Authority:</b>			
		Flight Operations	Maintenance (Airworthiness)	
	Name:			
	Phone/Fax:			
	E-mail:			
<b>24</b>	<b>Details of Accountable Manager who is responsible for Airline Operation in Sri Lanka:</b>			
	Name:			
	Address:			
	Phone:	Mobile No:		
	Fax:	Email:		
<b>25</b>	<b>Individuals who are responsible for Airline's Maintenance and Aviation Security matters in Sri Lanka:</b>			
		Maintenance (Airworthiness)	Aviation Security	
	Name:			
	Phone/Fax:			
	E-mail:			
<b>26</b>	<b>Details of the General Sales Agent representig the Airline in Sri Lanka:</b>			
	Name:			
	Address:	Phone:		
	Email:	Fax:		

**27** Details of submitted Documents: [please (✓) tick] ; *not applicable for renewals*

	Document	YES	NO
01	Authorization by the state of operator to conduct the operation in to Sri Lanka (If Applicable)		
02	Air Operator Certificate with Operations Specifications		
03	Maintenance Arrangement in Sri Lanka		
04	Ground Handling Arrangement in Sri Lanka		
05	Adequate and valid insurance cover		
06	Removal of Disabled Aircraft Arrangements in Sri Lanka		
07	Lease Agreements of Aircraft (If applicable)		
08	Updated Controlled copy of the Air Operator Security Programme		
09	Copy of the Aircraft Accident Victim Relief Programme		
10	Conditions of Carriage as a Document		
11	Declaration to pay Embarkation levy & other liens		
12	Declaration to abide by Rules & Regulations		
13	Appointment letter of the Accountable Manger		
14	Applicable Payment		

**Declaration of the Foreign Air Operator:**

I do hereby agree to ensure that the airline will comply with the applicable requirements in the Civil Aviation Act, No. 14 of 2010, Air Navigation Regulations with associated implementing standards and directives issued by Director General of Civil Aviation Sri Lanka, during the airline's operation into and out of Sri Lanka.

On behalf of the organization identified above, the undersigned certifies that the facts in this application are complete and correct and that any attached documents are true copies.

\*Name: \_\_\_\_\_

\*Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Stamp of the Airline

\*To be completed by the Chairman/ Managing Director/Chief Executive Officer of the Airline or an accountable person who holds responsibility for Air Operator's Certification matters for the company.

**NOTE: FORWARD APPLICATION WITH 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  
Sri Lanka