



INITIAL APPLICATION FOR AIR OPERATOR CERTIFICATE (Under Section 73 of the Civil Aviation Act, No.14 of 2010)

(Classification of Operations as per Regulation 180 of the Ceylon Air Navigation Regulations of 1955)

1. Name of the Applicant : <i>(Private Individual or Business Entity)</i> <i>(If Foreign Air Operator, please apply as per SLCAP 4105)</i>
2. Have you registered your Aircraft in Sri Lanka?
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If YES, please refer Question 08 for each Aircraft)</i>
2.1 Have you obtained a current Certificate of Airworthiness from the CAASL?
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If YES, please refer Question 08 for each Aircraft)</i>
3. Private Operations :
<i>Have you read & understood Regulation 180 (a) and 184 of the Ceylon Air Navigation Regulations of 1955?</i>
<input type="checkbox"/> Yes
Security Requirements: <i>Please attach agreement/undertaking/arrangement with Aerodrome Operator for compliance with Aerodrome Security Program.</i>
<i>(For Private Operations only, please proceed direct to No.7 below)</i>
4. Are you also submitting an Application for an Aerial Work License?
<input type="checkbox"/> Yes <i>If Yes, Please fill in SLCAP 4100 Appendix A2 Form for Application for an Aerial Work License</i>
5. Are you also submitting an Application for a Charter License?
<input type="checkbox"/> Yes <i>If Yes, Please fill in SLCAP 4100 Appendix A3 Form for Charter &/or Airline License</i>
5.1 If applying for a Charter License, please submit your Business Plan & Financial Plan <i>(Please attach necessary documentation as per Appendix L of SLCAP 4100)</i>



6. Are you also submitting an Application for an Airline License for Regular Transport Operations?	
<input type="checkbox"/> Yes <i>If Yes, Please fill in SLCAP 4100 Appendix A3 Form for Charter &/or Airline License</i>	
6.1 If applying for an Airline License, please submit your Business Plan & Financial Plan <i>(Please attach necessary documentation as per Appendix L of SLCAP 4100)</i>	
7. Contact Details of Applicant	
a. Postal Address :	
b. Telephone(s) :	
c. Mobile :	
d. E-mail :	
e. Details of Accountable Manager if not applicant: <i>(Please attach details including Name, Designation, Nationality & any experience in air transportation, in the event the Applicant is not the Accountable Manager)</i>	
8. Aircraft Details : <i>(Please provide details below for each Aircraft Separately)</i>	
8.1 If owner of Aircraft is different from the Applicant: <i>(Provide details of proof of ownership/agreement)</i>	
8.2 Certificate of Airworthiness (validity): <i>(Please attach copy of Original)</i>	
8.3 Certificate of Registration (validity) or Temporary Registration Number (if Applicable): <i>(Please attach copy)</i>	
9. Maintenance Arrangements : <i>(Please provide following information for compliance of CAASL Implementing Standards 056 & 080)</i>	



<p>9.1 Proposed mechanism of Continuing Airworthiness Management: <i>(Please Specify Details)</i></p> <p>a. If by Self (owner maintained): <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes please attach documents)</i></p> <p>b. Other than by self: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Name of Type qualified engineer/technician)</i> <i>(Attach Type Certificates)</i></p> <p>c. If by Maintenance facility or other means: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(A certified copy of Maintenance Agreement)</i> <i>(If Available)</i></p>
<p>10. Insurance Details : <i>(Please attach a certified copy of Insurance Policy as per current DGCA Directive on Liability Limits)</i></p>
<p>11. Special approvals required : <i>(Please select if and as required)</i></p> <p><input type="checkbox"/> 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"/> None</p>
<p>12. Aircraft Type Regulatory Training <i>(Unless the DGCA specified otherwise, the applicant shall provide complete training (type courses) for at least two Flight Operations Inspectors and two Airworthiness Inspectors at the applicant's expense. This is to be fulfilled if the applicant intends to operate a Type of Aircraft for which there are no Type Rated/Certified Inspectors)</i></p>
<p>13. Manuals to be submitted: <i>Please refer Appendix S of SLCAP 4100</i> <i>(Please Note Manuals shall be in the English Language) Refer SLCAP 4100 – Chapter 3 – 3.3</i></p>
<p>14. Contracted Services: (if any) <i>(Please provide details of facilities, services and equipment or personnel, which the applicant has contracted from a Third Party)</i></p>
<p>15. Disabled Aircraft Recovery & Removal Plan : <i>(Please attach Plan with list of Equipment as per aircraft intended for operation OR attach Contract/Agreement with a Third Party Removal)</i></p>
<p>16. Training Programs : <i>(Please attach details and documents as and if applicable)</i></p>



- a) For Staff; Yes No
- b) Synthetic Training Devices/Simulators to be used; Yes No
- c) Training, Testing & Checking Programs; Yes No
- d) Pre-flight preparations, facilities for Flight-Following and Dispatch Procedures; Yes No

17. Aircraft Parking/Hangar facilities :

(Please attach documents to prove facilities available at intended base of operations)

The undersigned acknowledges the right of Director-General of Civil Aviation to alter suspend or cancel the authorization granted by him in the event of the applicant's failure to comply with one or more requirements under which the requisite approval is granted.

The undersigned also undertakes to furnish any other information required by the Director General of Civil Aviation Authority of Sri Lanka as and when such information is required.

The undersigned states that the above furnished information is accurate at the time of submission to the best of his/her knowledge.

Name of the applicant :	
Designation :	
NIC/Passport Number :	
Signature or Company Seal :	
Date :	

**CIVIL AVIATION AUTHORITY OF SRI LANKA****Application for an Aerial Work License**

(Aerial Work as per Section 85 of the Civil Aviation Act, No.14 of 2010 & Regulation 185 of the Ceylon Air Navigation Regulations of 1955)

1. Name of the Applicant :			
2. Registered Address :			
3. Contact Details :			
i. Telephone Number		ii. Fax Number	
iii. Email		iv. Additional Contact Info	
4. Type of Aviation Activity/Service: (Please Specify as required)			
<input type="checkbox"/>	a) Aerial Observation	<input type="checkbox"/>	b) Aerial Spotting
<input type="checkbox"/>	c) Pest & Disease Control	<input type="checkbox"/>	d) Seed Sowing
<input type="checkbox"/>	e) Agriculture	<input type="checkbox"/>	f) Construction
<input type="checkbox"/>	g) Photography	<input type="checkbox"/>	h) Surveying
<input type="checkbox"/>	i) Observation & Patrol	<input type="checkbox"/>	j) Search & Rescue Operations
<input type="checkbox"/>	k) Aerial advertisement	<input type="checkbox"/>	l) Broadcasting or Communication
<input type="checkbox"/>	m) Production of air turbulence	<input type="checkbox"/>	n) Flying Training
<input type="checkbox"/>	o) Flower Dropping	<input type="checkbox"/>	p) Emergency Operations
<input type="checkbox"/>	q) Ambulance functions	<input type="checkbox"/>	r) Carriage, for purposes of trade, of goods which are the property of the pilot, or the owner or the hirer of the aircraft



<input type="checkbox"/>	s) Police or Customs functions or the services of a Government Department	
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5. If any of the above Activities will be performed

for Self
 Offered as a Service

6. Security

Please confirm undertaking to inform CAASL for clearance prior to any Aerial Work. CAASL must be informed as soon as practicable in the event of Search & Rescue Operations, Emergency Operations or Ambulance Functions Yes

7. Type of Equipment/Aircraft and Registration Number

AIRCRAFT TYPE (Make/Model/Variant)	AIRCRAFT REGISTRATION	AIRWORTHINESS CERTIFICATE NUMBER:	Aerial Work for which Airworthiness has been Certified (<i>indicate letter(s) from No.4 above</i>)

(Please use additional Pages for entire fleet if necessary)

**8. Intended Area of Operation: Please Specify for Aerial Work
(Aerodromes and/or specific geographical co-ordinates)**

AIRCRAFT	AIRCRAFT REGISTRATION	Aerial Work for each Aircraft Separately	Aerodrome/Base of Operation	Intended Area of Operation

(Please use additional pages for entire fleet if necessary)

**9. If intended Operation is beyond the territory of Sri Lanka:
(Details of operations/areas/airports as applicable)**

AIRCRAFT	AIRCRAFT REGISTRATION	Aerial Work for each Aircraft Separately	Aerodrome/Base of Operation	Intended Area/Region of Operation and/or Aerodromes for each Aerial Work

**10. Insurance Policy Validity/Expiry Date:
(Please attach a copy for compliance of current DGCA Directive on Liability Limits)****11. Air Operator Certificate No. :
(if available)****12. Ground Operations Manual:
(As required according to the required Service/Activity)****13. Manuals to be submitted : Please refer Appendix S of SLCAP 4100
(Please Note Manuals shall be in the English Language) Refer SLCAP 4100 – Chapter 3 – 3.3****14. Training Programs:
(Please attach details and documents as and if applicable)**

- a) For Staff; Yes No
- b) Synthetic Training Devices/Simulators to be used; Yes No
- c) Training, Testing & Checking Programs; Yes No
- d) Pre-flight preparations, facilities for Flight-Following and
- e) Dispatch Procedures; Yes No

The undersigned acknowledges the right of Director-General of Civil Aviation to alter suspend or cancel the authorization granted by him in the event of the applicant's failure to comply with one or more requirements under which the requisite approval is granted.

The undersigned also undertakes to furnish any other information required by the Director General of Civil Aviation Authority of Sri Lanka as and when such information is required.

The undersigned states that the above furnished information is accurate at the time of submission to the best of his/her knowledge.

Name of the applicant:

Designation:



<p>NIC/Passport Number:</p> <p>Signature or Company Seal:</p> <p>Date:</p>	
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- Initial Application
 Renewal
 Amendment

4. Legal Name of the Operator

i. Name of the Airline: <i>(if any)</i>	
ii. Company/Business Name: <i>(if any)</i>	
iii. Trade Name: <i>(if any)</i>	
iv. If a partnership/ registered company or corporation:	
a) Registration Number :	
b) Date of Registration :	

5. Evidence of the present corporate existence of the applicant

(Please attach copies of any Act, Memorandum or Articles of Association, Certificate of Incorporation or other instrument by which your company or corporation derives powers and functions)

Note: Submission of the above documents is required for a renewal or amendment if there has been a material change to the above documents. (Mandatory for initial application)

6. Details of the Operator

(Please provide separate details for 6.1 Head Office, 6.2 Flight Operations Office and any other 6.3 Principle Place of Business, if any)

6.1 Head Office

i. Name:			
ii. Address:			
iii. Telephone Numbers:			
iv. Fax:			
v. Telex No.			
vi. AFTN:			
vii. E-mail:			



6.2 Flight Operations Office			
i. Name:			
ii. Address:			
iii. Telephone Numbers:			
iv. Fax:			
v. Telex No.			
vi. AFTN:			
vii. E-mail:			
6.3 Principle Place of Business			
i. Name:			
ii. Address:			
iii. Telephone Numbers:			
iv. Fax:			
v. Telex No.			
vi. AFTN:			
vii. E-mail:			
7. Details of Accountable Manager <i>(Please attach Curriculum Vitae of Accountable Manager with emphasis on experience in aviation industry)</i>			
i. Name:			
ii. Address:			
iii. Telephone Numbers:			
iv. Fax:			
v. Telex No.			
vi. AFTN:			
vii. E-mail:			
8. Details of Company Directors/Partners (if any) <i>(Please attach relevant details of all Directors/Partners with emphasis on expertise in relevant fields)</i>			



9. Nationality/ownership and control:

(Please attach proof of the nationality of the interests which hold substantial ownership and effective control of the applicant, having due regard to any existing inter-governmental air transport agreement under which the operating permission is being sought by the applicant)

10. Details of Current Air Operator Certificate

(Please attach a copy)

11. Air Transport & Economic Regulatory Requirements

a) Aircraft Seating Capacity for each Aircraft:

(Please specify crew seats and available passenger seats, as required)

Aircraft Type	Registration	Crew Seats	Passenger Seats

b) Proposed Route Structure and Schedule of Operations: *(Schedule mandatory for Airline License Applicant)*

(Please indicate proposed Origins, destinations, alternates, weekly frequencies and where any 5th Freedom Traffic Rights are sought, Code-sharing Arrangements, Block Seat arrangements etc.)

Note: 5th Freedom Traffic Rights are not required for Domestic Operations.

c) Business Plan of Applicant

(Please confirm that necessary documentation as per Appendix L of SLCAP 4100 was submitted with your AOC Application)

YES

If Not, please submit here.

d) Carriers Conditions of Carriage

(Please state where available for public perusal and undertaking to inform CAASL whenever there is a material change to any Term or Condition therein, with effective dates)

**12. Aviation Security Requirements**

a) Mandatory Security Requirements

(Please confirm compliance with Airport Security Program as per CAASL SLCAP 1000)

13. Airworthiness Requirements

a) Details of Hangar & Parking Facilities

(Please attach copies of Agreements/Contracts with Aerodrome Operators if any)

b) Aircraft Details

(Please attach copies of Certificate of Registration and Certificate of Airworthiness for proposed/current fleet)

Aircraft Type	Registration Certificate Number	Airworthiness Certificate number	Copies attached
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

c) Line stations, Line Station Management, Line Station Maintenance, staff and procedures, arrangement, facilities and services available for flight dispatch:

(Please attach necessary documentation)

d) Maintenance Arrangements

(Please provide following information for compliance of CAASL Implementing Standards 056 & 080)

14. Aircraft Operations Requirements

a) Details of Operation

(Please attach details including Names, Qualifications and Experience of Nominated Post-Holders as per SLCAP 4100)

b) Proposed Crew Requirement (Including Minimum number of crew & prospected recruitment)

(Please attach necessary details)

c) Training Programmes

(Please attach details and documents as and if applicable)



a) For Staff;	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b) Synthetic Training Devices/Simulators to be used;	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c) Training, Testing & Checking Programs;	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
d) Pre-flight preparations, facilities for Flight-Following and				
e) Dispatch Procedures;	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
d) Flight Duty <i>(Please attach all documentation for compliance with SLCAP 4210)</i>				
15. Air Navigation Requirements				
a) Aircraft Livery <i>(Please attach a photographs of the entire aircraft: Front & Side views)</i>				
16. Finance Requirements				
a) Financial Plan of Applicant: <i>(Please confirm that necessary documentation as per Appendix L of SLCAP 4100 was submitted with your AOC Application)</i>				
YES <input type="checkbox"/>				
<i>If Not, please submit here.</i>				
a) <i>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.</i>				
b) <i>Projected Cash flow account for the forecasted three years.</i>				
c) <i>If the applicant has not yet engaged in the business of air transportation, particulars of plans for financing the proposed operations.</i>				
d) <i>Investors (if any) and nature of their contribution.</i>				
b) Declaration confirming undertaking to pay obligated Taxes, Levies & other statutory payments signed by the Accountable Manager or other Nominated person acceptable to the CAASL <i>(Please attach)</i>				
17. Legal Requirements				



a) Insurance Details

(Please attach policy details complying with current DGCA Directive on Limits of Liability as per Section 75 of the Civil Aviation Act, No. 14 of 2010)

18. Aircraft Safety Management Requirements

a) Accident Victim Relief Program/ Aerodrome Emergency Response Plan awareness & preparation

(Please provide documentation)

15. Manuals to be submitted : Please refer Appendix S of SLCAP 4100

(Please Note Manuals shall be in the English Language) Refer SLCAP 4100 – Chapter 3 – 3.3

20. Schedule of Events

(Please see Annex 01 of SLCAP 4100)

The undersigned acknowledges the right of Director-General of Civil Aviation to alter suspend or cancel the authorization granted by him in the event of the applicant's failure to comply with one or more requirements under which the requisite approval is granted.

The undersigned also undertakes to furnish any other information required by the Director General of Civil Aviation Authority of Sri Lanka as and when such information is required.

Name of the applicant:

Designation:

NIC/Passport Number:

Signature or Company Seal:

Date:

Please attach copy of Payment Receipt for Processing/Evaluation of License Application as per “Fees & Charges Levied by CAASL”

Section: Appendix A3	Page: 11	Date: 15 th March 2022
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