**Endorsement of Foreign Aircraft types on CPL/ ATPL issued by DGCA-Sri Lanka**

CHECK LIST FOR RECEIVING APPLICATIONS

Name of the Applicant :

Date :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Yes**  | **No**  | **Remarks** | **Office Use** |
| Duly completed Application on the licensing system (Printed Copy – Issuance of Additional Type Rating Application) |  |  |  |  |
| Copy of the ATPL/CPL issued by DGCA Sri Lanka. |  |  |  |  |
| Local Medical Certificate Copy (Valid) |  |  | Date of Medical : |  |
| Valid foreign CPL or ATPL |  |  |  |  |
| Valid foreign Medical |  |  |  |  |
| Has operated the aircraft type within 3 months preceding the date of application (certified logbook & copies) |  |  |  |  |
| Has accumulated more than 1000 hours of flying experience on the aircraft type (Certified Pilot Log Book & copies) |  |  |  |  |
| Certified copy of the approval of the State for the Training Programme  |  |  |  |  |
| Certified copies of applicant's training records |  |  |  |  |
| 2 PPCs within one calendar year preceding the date of application (certified copies of PPC checks)  |  |  |  |  |
| Copy of the current ATPL of the Examiner with P1 endorsement of type rating |  |  |  |  |
| Approval certificate of level D simulator (in which the check is going to be done) |  |  |  |  |

I understand that my application will not be processed unless I produce the original certificate / documents to TOPL section and make the relevant payments, including special administrative and facilitation fee.

I read and understood the “Procedure for endorsement of foreign aircraft types on CPL/ATPL” and agree to follow the procedures.

I hereby certify that the particulars given by me in this application are true and correct.

………………………………………….

(Applicant’s Signature)

The Application and documents received on …………………………………. and payment made.

Payment Receipt number …………………..

…………………………………..

(Receiving Officer’s signature)