

Application Color Lemon Chiffon	
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Form no: CAA/PL/R/01

Payments Made	
Express Evaluation	
Normal Evaluation	



CIVIL AVIATION AUTHORITY OF SRI LANKA

APPLICATION FOR THE RENEWAL OF STUDENT PILOT LICENCE

(1).Personal Particulars:-

- I. Name (a) Surname:
- (b) Other Names:
- II. Permanent Address:
- III. Telephone No.: Fax No.....
- IV. Email Address:
- V. Nationality:
- VI. Age:-..... Date of Birth: D.....M.....Y..... Place of Birth:.....
- 2. SPL Number & Expiry date of the licence:.....
- 3 Name & Address of the flying training organization:.....
- 4. If you are not a citizen of Sri Lanka, give the temporary address in Sri Lanka:.....
- 5. Date of the last Medical Examination:
 - Class 1 :.....
 - Class 11:.....
- 6. Reason to renew the licence:.....

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Date

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Signature of Applicant