



**CIVIL AVIATION AUTHORITY OF SRI LANKA**  
**APPLICATION FOR FLIGHT OPERATIONS OFFICER LICENCE**

**Particulars of the Applicant**

1. Full Name (In Block Letters) : \_\_\_\_\_  
\_\_\_\_\_
2. Surname with initials : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_
4. Nationality : \_\_\_\_\_
5. NIC / Passport Number : \_\_\_\_\_
6. Postal Address : \_\_\_\_\_  
\_\_\_\_\_
7. Contact Telephone Numbers : \_\_\_\_\_
8. Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Details of the Training**

9. State whether you have followed approved training course : Yes / No  
(If yes please furnish details )
  - i. Name of the training course : \_\_\_\_\_
  - ii. Date of commencement of the training : \_\_\_\_\_
  - iii. Date of completion of the training : \_\_\_\_\_
  - iv. Name & Address of the training organization : \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I am aware of the requirements and conditions applicable to the issue of a Flight Operations Officer Licence as specified by the DGCA. I also declare that the particulars furnished by me in this application form are true and accurate to the best of my knowledge. If any of the particulars furnished above is found to be inaccurate, I accept that the application will be rejected/ results of the examination will be declared null & void.

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

\_\_\_\_\_  
Signature of the Applicant

**For official use only**

	Qualifies		Remarks	Signature of the CAA Officer
	Yes	No		
Age				
On the Job Training Assessment				
Technical Examination completed				
Route Familiarization				
Simulator Observation				
Fee paid				