



## CIVIL AVIATION AUTHORITY OF SRI LANKA

### APPLICATION FOR FLIGHT OPERATIONS OFFICER LICENCE TECHNICAL EXAMINATION

1. Name (In Block Capitals) : \_\_\_\_\_  
\_\_\_\_\_
- (i) Surname : \_\_\_\_\_
- (ii) Other Names : \_\_\_\_\_
  
2. Postal Address : \_\_\_\_\_  
\_\_\_\_\_
  
3. Contact Telephone Numbers : \_\_\_\_\_
  
4. E-mail : \_\_\_\_\_
  
5. Name of the training organization: \_\_\_\_\_
  
6. Subjects applied for :
  - (a) Civil Air law & Regulations
  - (b) Aviation Indoctrination
  - (c) Aircraft Mass and Balance Control
  - (d) Navigation
  - (e) Air Traffic Management
  - (f) Communication
  - (g) Meteorology
  - (h) Aircraft Mass & Performance
  - (i) Flight Planning
  - (j) Flight Monitoring

- (k) Dangerous Goods by Air
- (l) Security
- (m) Human Factors

7. Subjects passed in previous attempts :

- (a) \_\_\_\_\_
- (b) \_\_\_\_\_
- (c) \_\_\_\_\_
- (d) \_\_\_\_\_
- (e) \_\_\_\_\_
- (f) \_\_\_\_\_
- (g) \_\_\_\_\_
- (h) \_\_\_\_\_
- (i) \_\_\_\_\_

I certify that the above particulars given by me are true and correct.

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

\_\_\_\_\_  
Signature of the candidate

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Certificate by the Chief Instructor of the training organization

Director General of Civil Aviation,

I certify that the above named candidate has followed the Flight Operations Officer Training Course and successfully completed all examinations conducted by the training organization.

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

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

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