



CIVIL AVIATION AUTHORITY OF SRI LANKA

**APPLICATION FOR FOREIGN (FLIGHT CREW) LICENCE VALIDATION
CERTIFICATE (FLVC) FOR AIR TRANSPORT OPERATIONS
EXCLUDING PRIVATE OPERATIONS**

(Instructions to Applicants: Please fill all applicable spaces. State, -, Nil, Not applicable where inapplicable. Where boxes appear, tick appropriately. For renewal, re-issue, replacement of a FLVC or addition of a new Rating, please submit only those documents as specified in the applicable CAA Regulations.)

Application for:

- First issue of Foreign Licence Validation Certificate
- Renewal of Foreign Licence Validation Certificate
- Re-issue of Foreign Licence Validation Certificate
- Replacement of Foreign Licence Validation Certificate
- Addition of a new Rating

Particulars of Applicant

Name : _____
(Surname) (First Names)

(Note: Applicants for renewal, re-issue or replacement of a FLVC or addition of a new rating may fill the rest of THIS PAGE where applicable only, if some information provided in a previous similar application has now been changed.)

Date of Birth : _____ Place of Birth : _____

Citizenship : 1. _____ 2. _____ 3. _____
(Single/dual/multi) (If Applicable) (If applicable)

Address in the Country of Citizenship: 1. _____
(If applicable) 2. _____
(If applicable) 3. _____

Address in the Country of Residence: _____
(If applicable)

Details of Passports:
1. Number: _____ Issuing Authority: _____ Date of Expiry: _____
2. Number: _____ Issuing Authority: _____ Date of Expiry: _____
(If applicable)
3. Number: _____ Issuing Authority: _____ Date of Expiry _____
(If applicable)
Address in Sri Lanka: _____

Contact Tel: Number/s in Sri Lanka: _____

Email, Fax Number in Sri /Lanka : _____

Expected duration of stay in Sri Lanka From : _____ To : _____

Employer/Operator sponsoring the application: _____

Class of operation for which the application relates to: **i.** Aerial Work Operations
ii. Charter Operations **iii.** Regular Transport Operations

Purpose for which the validation is sought: _____

Have you ever been denied of a Flight Crew Licence before, on medical grounds? If the answer is Yes, please indicate by whom, when and why: _____

Have your licence ever been suspended/revoked? If the answer is Yes, please indicate by whom, when and why: _____

(Note : Any change of the above particulars must be notified to the CAASL immediately)

Particulars of Licences/Ratings

The licences/ratings/other details for which the application relates to:

Licence Details	1.	2.	3.
Title of the Licence	_____	_____	_____
Number	_____	_____	_____
Issuing Authority	_____	_____	_____
Date of Initial Issue	_____	_____	_____
Date of Last Issue/ Renewal	_____	_____	_____
Valid until	_____	_____	_____

Medical Certificate	1.	2.	3.
Class (ICAO Class 1 etc.)	_____	_____	_____
Issuing Authority	_____	_____	_____
Date of Issue	_____	_____	_____
Date of Expiry	_____	_____	_____

Crew Position applied for (*for Pilots only*): PIC: Copilot:

Rating(s)	Type/Class Of aircraft	Date of initial issue	Date of last Proficiency Check prior to joining the new Operator	Date of expiry of the validity of the last PPC
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Ins: Rating	_____	_____	_____	_____
F/I Rating	_____	_____	_____	_____

Other _____

Flight Radiotelephone Operator Endorsement*(If there is no separate Flight Radiotelephone Operator Licence available)*

Date of issue: _____ Date of expiry: _____ Issuing Authority: _____

Flying Experience*((i) Fill in where applicable (ii) Applicants for renewal, re-issue or replacement of a FLVC may omit Table A below)***Table A**

	Total to date Hrs.	Total M/E Hrs.	Total S/E Hrs	Total on a/c for which validation is sought			
				a/c	hrs	a/c	hrs
Pilot in Command							
Co-pilot							
Instrument							
Flight Instructor							
Flight Navigator (F/N)							
Flight Engineer (F/E)							
Flight Radio Operator (R/O)							

	During the preceding 12 months			
	Type	Hrs	Type	Hrs
Pilot-in-Command				
Co-pilot				
Instrument				
F/N, F/E, R/O <i>(strike off inapplicable)</i>				
Flight Instructor				

Details of Previous Validations issued in Sri Lanka:*(Attach separate sheet or copies of previous FLVCs if space below is inadequate)*

Certificate No.	Date of Issue	Date of Expiry	Privileges	Operator

Enclosures**Yes No**If the answer is ' No' the
expected date of submission

- ?? Foreign licence and a photocopy _____
- ?? Corresponding medical certificate and a photocopy _____
- ?? Initial training records/certificates of types/classes
of a/c for which the application relates to and photocopies _____
- ?? Proof of Experience (Flying log book) and photocopies _____
- ?? Letters from previous Employers and photocopies _____
- ?? Applicable Personnel Licensing Regulations and Standards
of the State which issued the Foreign Licence and photocopies _____
- ?? Foreign Security Clearance Certificate/s _____
- ?? Duly filled application for security clearance in Sri Lanka _____
- ?? Copy of the passport/s _____
- ?? Certified English language translations of above documents
if the originals are not in the English language _____
- ?? Fee for Processing of an Application for Validation _____

I hereby certify that the above particulars furnished by me are true and correct. I understand that submission of any inaccurate or false information will amount to disqualification of this application or cancellation/suspension of my FLVC.

Signature of the applicant: _____ Date: _____

Operator's Submission

(To be filled by the Operator who recommends the application. Please attaché more sheets if space is inadequate.)

Name of the Operator: _____

Current Postal Address of the Operator/ Employer: _____

Expected duration of employment of the applicant From: _____ To: _____

Methods employed by the Operator to find suitably qualified citizens of Sri Lanka to fill the above post: _____

Describe future plans of the Operator to train and employ citizens of Sri Lanka to fill the above post: _____

If the application is not the Initial application in respect of the above applicant, please state why the Operator was unable to train and employ citizens of Sri Lanka so far: _____

Does the above applicant meet the requirements for employment in terms of the DGCA approved Flight Operation Training Manuals and the applicable CAA Regulations and Standards? _____

Has the Operator implemented a Company Training & Checking Organization approved by the DGCA?:

If not, what plans does the Operator have to establish one?: _____

Name of the Nominated Training School : _____

Describe clearly the training programme, which will be offered to the applicant *(Please be precise and do not to use phrases such as 'As per the Training Manual 'etc)* and the name of the Training School: _____

I/We hereby declare that the details furnished above are true and correct. As such the application is recommended. I/We understand that submission of any inaccurate or false information will amount to disqualification of this application or cancellation/suspension of the FLVC issued to the above applicant.

Name of the Operator: _____ Company Seal:

Name of the Accountable Manager : _____

Designation : _____

Signature: _____ Date: _____

For official use

Date of receipt of the application : _____ Received by : _____ Signature: _____

Fee for processing the FLVC Paid : Yes/No Date : _____ Rec.No : _____

Documents insufficient Informed applicant Date _____Documents sufficient Processing started Comments: _____

Fee for issue of FLVC Paid : Yes/No Date : _____ Rec.No : _____

FLVC issued by : _____ Date : _____

Collected by : _____ Date : _____