



**CIVIL AVIATION AUTHORITY OF SRI LANKA
CAASL FORM 12**

Application for Approval

(Check appropriate)

Initial

Renewal/Change

1. Registered Name of applicant:
2. Trading name (if different):
3. Postal Address:
4. Address(es) requiring approval:
5. Contact Details:
Tel.....
Fax.....
Email
6. Scope of Approval relevant to this application:
7. Does the organization hold approval under IS M* and IS 145* - Yes / No
*cross out if not applicable
If yes, provide details of Approval and scope:

8. Staff Number

(A). the total number of staff employed by the organization in order to comply with IS 147.

(B). the number of contracted staff associated with the proposed approval

	Main Site	Additional Location Please detail all additional sites
a) Employees		
b) Contractors		

9. Name of the (proposed*) Accountable Manager :

10. Signature of the (proposed*) Accountable Manager:

Place :

Date :