

**Civil Aviation Authority of Sri Lanka**FBO PERMIT/REGISTRATION No: 

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## Application for Registration of Persons Providing Ground Support Services (alias Fixed Based Operator) at Airports in Sri Lanka

(To be submitted to the Director General of Civil Aviation, Civil Aviation Authority of Sri Lanka, No 152/1, Minuwangoda Road, Katunayake ,  
Fax +94 11 2253985 or email [dater@caa.lk](mailto:dater@caa.lk) )  
< Add Pages if space inadequate >

A	Personal Information of the Applicant	
	i. Name	
	ii. Title/Position in the Company	
	iii. Nationality	
	iv. Date of Birth	
	v. NIC Number	
	vi. Gender	
	vii. Postal Address	
	viii. Telephone/ Fax	
	ix. e-mail	

B	Information of the Entity/Company applying for Registration as FBO	
	i. Name of the Company	
	ii. Company Name Approval Number ( <i>as per Company Registration</i> )	
	iii. Type of the Company ( <i>as per Company Registration</i> )	

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iv. Business Registration Number				
v. Business Registration Certificate or Certificate of Registration	<i>Attached</i>		<i>Not Attached</i>	
vi. Registered Address of the Company				
vii. Contact Details of the Company	<i>Telephone</i>			
	<i>Fax</i>			
	<i>E-mail</i>			
	<i>Website</i>			
viii. Audited Statement of Accounts of the preceding Financial Year	<i>Attached</i>		<i>Not Attached</i>	

<b>C</b>	<b>Details of Directors of the Company</b>	
i	Full Name	
	Title/Position in the Company	
	Nationality	
	Date of Birth	
	NIC Number	
	Gender	
	Postal Address	
	Telephone/ Fax	
	e-mail	
ii	Full Name	
	Title/Position in the Company	
	Nationality	
	Date of Birth	



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	NIC Number	
	Gender	
	Postal Address	
	Telephone/ Fax	
	e-mail	
iii	Full Name	
	Title/Position in the Company	
	Nationality	
	Date of Birth	
	NIC Number	
	Gender	
	Postal Address	
	Telephone/ Fax	
	e-mail	
iv	Full Name	
	Title/Position in the Company	
	Nationality	
	Date of Birth	
	NIC Number	
	Gender	
	Postal Address	
	Telephone/ Fax	
	e-mail	



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<b>D</b>	<b>Information on Experience of the Company</b> as an FBO or in Airport Ground Support/Trip Services	
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<b>E</b>	<b>Agreements/Contracts/Assignments</b> with the Principal Company /Companies as applicable	
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<b>F</b>	<b>Information on Resources</b> including trained human resources for the supply of intended services as an FBO or in Airport Ground Support/Trip Services	
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<b>G</b>	<b>Agreement /MOU with :</b>								
	i	<b>Sri Lankan Airlines (Current Ground Handling Service Provider)</b>	<i>Available</i>		<i>Not Available</i>		<i>Attached</i>		<i>Not Attached</i>
	ii	<b>Airport and Aviation Services (Sri Lanka) Ltd; (Current Aerodrome Operator/Air Navigation Service Provider)</b>	<i>Available</i>		<i>Not Available</i>		<i>Attached</i>		<i>Not Attached</i>
	iii	<b>Ceylon Petroleum Corporation (CPC) (Current Re-fueling Service Provider)</b>	<i>Available</i>		<i>Not Available</i>		<i>Attached</i>		<i>Not Attached</i>

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<b>H Details of Officials for consideration of the issuance of Airport Access Permits</b>							
<b>BIA</b>		<b>HRI</b>		<b>RML</b>		<b>BTC</b>	
i	Full Name						
	Title/Position in the Company						
	Nationality						
	Date of Birth						
	NIC Number	Attached - <input type="radio"/>		Not Attached - <input type="radio"/>			
	Gender						
	Postal Address						
	Telephone/ Fax						
	e-mail						
	Letters of Appointment	Attached - <input type="radio"/>		Not Attached - <input type="radio"/>			
	Security/NIB Clearance	Attached - <input type="radio"/>		Not Attached - <input type="radio"/>			
ii	Full Name						
	Title/Position in the Company						
	Nationality						
	Date of Birth						
	NIC Number	Attached - <input type="radio"/>		Not Attached - <input type="radio"/>			
	Gender						
	Postal Address						
	Telephone/ Fax						
	e-mail						
	Letters of Appointment	Attached - <input type="radio"/>		Not Attached - <input type="radio"/>			
	Security/NIB Clearance	Attached - <input type="radio"/>		Not Attached - <input type="radio"/>			

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<b>I Proof of Payment of Applicable Fee :</b>					
<b>Initial Issue</b> <input type="radio"/>		<b>Renewal</b> <input type="radio"/>		<b>Amendment</b> <input type="radio"/>	
<i>Application Evaluation (Rs.)</i>	<i>Grant of Certificate/ Authorization (Rs.) For each airport</i>	<i>Application Evaluation (Rs.)</i>	<i>Grant of Certificate/ Authorization (Rs.) f or each airport</i>	<i>Application Evaluation (Rs.)</i>	<i>Grant of Certificate/ Authorization (Rs.) For each airport</i>
15,000/- + Taxes	1,500/- + Taxes	10,000/- + Taxes	1,000/- + Taxes	3,000/- + Taxes	300/- + Taxes
<b>Receipt Number</b>		<b>Date</b>		<b>Total Paid</b>	
(Attach Receipt Here)					

I hereby certify all information furnished above are true and correct.

NAME OF AUTHORIZED/ACCOUNTABLE OFFICER:

NIC/PASSPORT NUMBER :

SIGNATURE :

DATE :

(Office Use Only)

Registration Certificate of CAASL : Issued -  Not Issued - Airport Access Permits by AASL : Issued -  Not Issued - 

CAASL Officer's Name/Service No. :

Signature :Date :