



CIVIL AVIATION AUTHORITY OF SRI LANKA

APPLICATION FOR FOREIGN

AIRCRAFT MAINTENANCE ENGINEERS' LICENCE VALIDATION (INITIAL / RENEWAL) FOR TYPE RATING

(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.)

A

01. Application for:

- | | |
|---|--------------------------|
| I. First issue of Foreign Licence Validation Certificate | <input type="checkbox"/> |
| II. Renewal of Foreign Licence Validation Certificate | <input type="checkbox"/> |
| III. Re-issue of Foreign Licence Validation Certificate | <input type="checkbox"/> |
| IV. Replacement of Foreign Licence Validation Certificate | <input type="checkbox"/> |
| V. Addition of a new Rating | <input type="checkbox"/> |
| VI. Addition of a new category | <input type="checkbox"/> |

02. Particulars of Applicant

1. Full Name of Applicant (*in block capitals*).....
.....
2. Date of Birth :..... Place of Birth:
3. Citizenship: 1. 2.
(Single/dual/multi) *(If Applicable)*
4. Address in the Country of Citizenship:
1.....
(If applicable) 2.....
5. Address in the Country of Residence:
.....
(If applicable)
6. Details of Passports:
 1. Number: Issuing Authority: Date of Expiry:
 2. Number: Issuing Authority: Date of Expiry:
(If applicable)

7. Address in Sri Lanka:
8. Contact Tel: Number/s in Sri Lanka:.....
9. Email, Fax Number in Sri /Lanka :
10. Expected duration of stay in Sri Lanka From: To :

03. Employer/Operators Details

1. Employer/Operator sponsoring the application :.....
2. Ratings and Categories required for Foreign Licence Validation:
 - i. Category/s.....
 - ii. Type Rating/s.....
3. Purpose for which the validation is sought
4. Details of Previous Validations issued in Sri Lanka (if held):
(Attach separate sheet or copies of previous FLVCs if space below is inadequate)

Certificate No.	Date of Issue	Date of Expiry	Privileges	Operator

04. Particulars of Foreign Licence and Ratings

1. Title of the Licence:.....
2. Licence Number:.....
3. Issuing Authority:.....
4. Date of Initial Issue:.....
5. Date of Last Issue/ Renewal:
6. Last Valid until:
7. Type Ratings:.....
8. Licence Categories:
9. Limitations if any :

10. Have you ever been denied of a Licence before, on any grounds?

If the answer is Yes, please indicate by whom, when and why:

.....

11. Have your licence ever been suspended/ revoked?

If the answer is yes, please indicate by whom, when and why:

B

05. Summary of Maintenance Experience (Attach separate sheet if space below is inadequate)

01. SUMMARY OF EXPERIENCE:				
Dates		Aircraft Type	Engine(s) and/or Equipment	Description of work experience Details of experience should include the category of such experience i.e. A, B1, B2 or C
From	To			

02. Name and address of firm, with which you are at last employed.

.....

.....

03. Recent Experience with which you have been employed and period of employment within last 24 months.

SUMMARY OF Recent EXPERIENCE:			
Dates		Name and address of firm	Nature of work upon which employed
From	To		

04. Date on which you last performed the duties of a licensed ground engineering:

.....

06. Enclosures

	Yes	No	If the answer is 'No' the expected date of submission
1. Foreign Aircraft Maintenance licence and its photocopy	<input type="checkbox"/>	<input type="checkbox"/>
2. Request letter from the local Operator	<input type="checkbox"/>	<input type="checkbox"/>
3. Training records/certificates of Type Ratings of a/c for which the application relates to and its photocopies	<input type="checkbox"/>	<input type="checkbox"/>
4. Proof of past Experience for which the application relates type ratings (Authorizations issued by AMO for last 24 months) and its photocopies	<input type="checkbox"/>	<input type="checkbox"/>
5. Service Letters from previous Employers and its photocopies	<input type="checkbox"/>	<input type="checkbox"/>
6. Applicable Personnel Licensing Regulations and Standards of the State which issued the Foreign Licence and photocopies	<input type="checkbox"/>	<input type="checkbox"/>
7. Copy of the passport/s	<input type="checkbox"/>	<input type="checkbox"/>
8. Certified English language translations of above documents if the originals are not in the English language	<input type="checkbox"/>	<input type="checkbox"/>
9. Fee for Processing of an Application for Validation	<input type="checkbox"/>	<input type="checkbox"/>

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.

.....
Date

.....
Signature of Applicant

07. Operator's Submission

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

1. Name of the Operator.....
2. Current Postal Address of the Operator/ Employer:
3. Expected duration of employment of the applicant:
From: To.....

8. RECOMMENDATION:

NOTE: The referee required to countersign the form must be a Quality Manager or the immediate senior person within the Quality Department of your current employer, or the organisation who offer the employment.

It is hereby certified that the applicant has met the relevant maintenance knowledge and experience requirements as stipulated in IS 66 and it is recommended that DGCA Sri Lanka grants FLVC.
 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: _____

Position: _____

Organisations Approval number: _____

Signature: _____ Date : _____

Official Stamp:

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 appli Date

Documents sufficient Processing star Comments:

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

N.B. This application should be forwarded to this office together with all related original documents and photo copies of each. Original documents will be returned after perusal. Fee for evaluation of application should be paid at the time of submission of the application.