



CIVIL AVIATION AUTHORITY OF SRI LANKA
APPLICATION FOR THE ISSUANCE OF ATC LICENCE

I. Personal Particulars

1. Name in full:
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(Block letters, Surname first)
2. Permanent Address:
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3. Sex :-.....
4. Date of Birth:-.....
5. Telephone No.:-.....
6. E-mail Address:-.....
7. Licensing System Application File No:-

II. Professional Particulars

8. Date of appointment:-.....
9. Date of Medical Examination:-.....

III. Training Details

10. Theoretical Course

Title of the course/ Details of the course	Country/ venue	Date of commencement	Date of completion

11. On-the-job Training

OJT training & Name of the instructors	OJT centre	Date of commencement	Date of completion

12. Date of the Rating Assessment Test:

13. Rating Test results:

14. Attached following documents:

- I. certified copy of the course completion certificate
- II. Details of the training course (Subjects followed, venue , duration)
- III. OJT Assessment Report
- IV. Rating Assessment Results
- V. Letter of appointment from AASL

I read & understood Pamphlet No. PL/P/07.

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

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Date

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Signature of Applicant

I certify that entries in 8-13 are correct.

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Date

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Head of Air Navigation Services