



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

Payments Made	
Express Evaluation	
Normal Evaluation	

I. Personal Particulars:

1. Name in full:

.....
(Block letters, Surname first)

- 2. Telephone No.:-.....
- 3. E-mail Address ;:-.....
- 4. Licensing System Application File No -

II. Professional Particulars:

- 5. Licence No :
- 6. Date of Expiry of licence:-
- 7. The last date of Medical Examination:-.....
- 8. Ratings valid:Part III (a) / (b) / (c) / (d) /(e) (tick \surd appropriate rating)
- 9. Last date of validity of ratings: Part III
 - a (i) -
 - a (ii) -
 - a (iii) -
 - a (iv) -
 - a (v) -
 - b (i) -
 - b (ii) -
 - c -
 - d -
 - e -

10. Recent Experience

Exercise the privileges of the rating endorsed on the licence for a period of not less than 40 hrs within the 06 months period immediately preceding this application.

Unit	Period
Aerodrome Control Rating - a (i) Katunayake	
Aerodrome Control Rating - a (ii) Ratmalana	
Aerodrome Control Rating - a (iii) Mattala	
Aerodrome Control Rating - a (iv) Batticaloa	
Aerodrome Control Rating - a (v) Jaffna	
Approach Control Procedural Rating - b (i) Katunayake	
Approach Control Procedural Rating - b (ii) Mattala	
Approach Control Surveillance Rating - c	
Area Control Procedural Rating - d	
Area Control Surveillance Rating - e	

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

.....
Date

.....
Signature of Applicant

I certify that the entries in 10 are correct.

.....
Date

.....
Head of Air Navigation Services