



CIVIL AVIATION AUTHORITY OF SRI LANKA

APPLICATION FOR THE RENEWAL OF ATC RATING/S

Payments Made	
Express Evaluation	
Normal Evaluation	

I. Rating to be renewed

Aerodrome Control Rating		Approach Control procedural Rating		Area Control Procedural Rating		Approach Control Surveillance – Rating		Area Control Surveillance – Rating		Area Control Surveillance –ADS Rating	
Katunayake	<input type="checkbox"/>	Katunayake	<input type="checkbox"/>	Procedural Rating	<input type="checkbox"/>	Surveillance – Rating	<input type="checkbox"/>	Surveillance – Rating	<input type="checkbox"/>	–ADS Rating	<input type="checkbox"/>
Ratmalana	<input type="checkbox"/>	Mattala	<input type="checkbox"/>								
Mattala	<input type="checkbox"/>										
Batticaloa	<input type="checkbox"/>										
Jaffna	<input type="checkbox"/>										

(Tick appropriate box)

II. Personal Particulars:

1. Name in full:.....

(Block letters, Surname first)

2. Telephone No.:.....

3. E-mail Address:.....

4. Lisensing System Application File No: -

III. Professional Particulars:

5. Licence No.:...ATC/.....

6. Date of expiry of licence.....

7. i. The last date of Medical Examination :

ii. The validity of ATC Licence :

iii. The level of ELPC & Expiry date if any :

8. Date of expiry of rating/s:

Rating	Date of Expiry
Aerodrome Control Rating – (a) I Katunayake (K)	
Aerodrome Control Rating – (a) II Ratmalana (R)	
Aerodrome Control Rating – (a) III Mattala (M)	
Aerodrome Control Rating – (a) IV Batticaloa (B)	
Aerodrome Control Rating – (a) V Jaffna (J)	

Approach Control procedural Rating - (b) I (K)	
Approach Control procedural Rating - (b)II (M)	
Area Control Procedural Rating - (c)	
Approach Control Surveillance –Rating - (d)	
Area Control Surveillance –Rating – (e)	
Area Control Surveillance –ADS Rating	

9. Date of the Rating/s Renewal Test:.....

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.

11. Attach copy of the unit Roster during period mentioned below for each Rating applied for renewal:

Unit	Period
Aerodrome Control Rating – (a) I Katunayake (K)	
Aerodrome Control Rating – (a) II Ratmalana (R)	
Aerodrome Control Rating – (a) III Mattala (M)	
Aerodrome Control Rating – (a) IV Batticaloa (B)	
Aerodrome Control Rating – (a) V Jaffna (J)	
Approach Control procedural Rating - (b) I (K)	
Approach Control procedural Rating - (b) II (M)	
Area Control Procedural Rating - (c)	
Approach Control Surveillance –Rating - (d)	
Area Control Surveillance –Rating – (e)	
Area Control Surveillance –ADS Rating	

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

.....
Date

.....
Signature of Applicant

I certify that the entries in 9-11 are correct.

.....
Date

.....
Signature of Head of Air Navigation
Services & Stamp

.....
Delivery Date

.....
Delivery Time