



CIVIL AVIATION AUTHORITY OF SRI LANKA

APPLICATION FOR ASSISTANT FLIGHT INSTRUCTOR EXAMINATION

- 1. (a) Full Name
(Please complete this in BLOCK LETTERS)
(b) Name with initials:
2. Permanent Address
3. Telephone No.: 4. Fax No.
5. Email Address:
6. Nationality: 7. Date of Birth: D...M...Y
8. ID/Passport No
9. (a) Name of the Flying school:
(b) Address
10. SPL/PPL/CPL/ATPL No : Last date of validity:

- 12. (a) Is this your first attempt Yes No
(b) If "No", the dates of First attempt:

Table with 2 columns: Flying Experience, Dual, Solo. Rows include Hours claimed as Pilot of Aeroplanes, Night Flying, Cross Country, Instrument Time.

15. Type of Aircraft :

I certify that the above particulars furnished by me are true and accurate to the best of my knowledge.

Date :

Signature of the candidate