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|-----------------|-------------|
| Office Use Only | Receipt No. |
|                 | Date        |

**CIVIL AVIATION AUTHORITY OF SRI LANKA**

**APPLICATION FOR CONVERSION OF FOREIGN LICENCES TECHNICAL EXAMINATION**

- PPL**                       **CPL**                       **BALLOON**  
 **CPL\IR**                       **ATPL**

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. PPL/ CPL/ CPL-IR/ ATPL License No. (If any)..... Issued Date .....

10. Subjects applied for  
 \*Please apply the time in between 0900-1600 hrs on working days.

| No | Subjects                         | Date | Time | Remarks |
|----|----------------------------------|------|------|---------|
| 1  | Air Law & Operational Procedures |      |      |         |
| 2  | Composite Paper- 01              |      |      |         |
| 3  | Composite Paper- 02              |      |      |         |
| 4  | Composite Paper- 03              |      |      |         |

11. (a) Is this your first attempt Yes  No  (b) If “No”, the dates of First attempt: .....

12. Subjects passed in previous attempts:

| No | Subjects | Attempt No | Date |
|----|----------|------------|------|
| 1  |          |            |      |
| 2  |          |            |      |
| 3  |          |            |      |

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

.....  
 Date

.....  
 Signature of the candidate