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V. Address in the Country of Residence:
(If applicable)

VI. Details of Passports:

1. Number: Issuing Authority: Date of Expiry:

2. Number: Issuing Authority: Date of Expiry:
(If applicable)

3. Number: Issuing Authority: Date of Expiry:
(If applicable)

VII. Address in Sri Lanka:
.....

VIII. Contact Tel: Number/s in Sri Lanka:.....

IX. Email, Fax Number in Sri /Lanka :

X. Expected duration of stay in Sri Lanka From: To :

XI. Employer/Operator sponsoring the application:

XII. Class of operation for which the application relates to: **i.** Aerial Work Operations

ii. Charter Operations **iii.** Regular Transport Operations

XIII. Purpose for which the validation is sought:
.....

XIV. Have you ever been denied of a Flight Crew Licence before, on medical grounds? If the answer is Yes, please indicate by whom, when and why:

XV. Have your licence ever been suspended/ revoked? If the answer is yes, please indicate by whom, when and why:
.....

(Note : Any change of the above particulars must be notified to the CAASL immediately)

| |
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| 03. Particulars of Licences/Ratings |
|--|

The licences/ratings/other details for which the application relates to:

| 04. Licence Details | 1. | 2. | 3. |
|----------------------------|-------|-------|-------|
| I. Title of the Licence | | | |
| II. Number | | | |

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III. Issuing Authority
 IV. Date of Initial Issue
 V. Date of Last Issue/ Renewal
 VI. Valid until

05. Medical Certificate

I. Class (*ICAO Class 1 etc.*)
 II. Issuing Authority
 III. Date of Issue
 IV. Date of Expiry
 V. Crew Position applied for (*for Pilots only*): PIC: Copilot:

06. Rating(s)

| I. Type/Class Of aircraft | Date of initial issue | Date of last Proficiency Check prior to joining the new Operator | Date of expiry validity of the last PPC |
|------------------------------|-----------------------|---|--|
| Ins: Rating | | | |
| F/I Rating | | | |
| Other | | | |

07. Flight Radiotelephone Operator Endorsement

(If there is no separate Flight Radiotelephone Operator Licence available)

Date of issue: Date of expiry: Issuing Authority:

08. Flying Experience

(i) Fill in where applicable (ii) Applicants for renewal re-issue or replacement of a FLVC may omit Table A below)

Table A

| | Total to date Hrs. | Total M/E Hrs. | Total S/E Hrs | Total on a/c for which validation is sought | | | |
|--|-----------------------|-------------------|------------------|---|-----|-----|-----|
| | | | | a/c | hrs | a/c | hrs |
| | | | | | | | |

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|---------------------------------|--|--|--|--|--|--|--|
| Pilot in Command | | | | | | | |
| Co-pilot | | | | | | | |
| Instrument | | | | | | | |
| Flight Instructor | | | | | | | |
| Flight Navigator (F/N) | | | | | | | |
| Flight Engineer (F/E) | | | | | | | |
| Flight Radio Operator (R/O) | | | | | | | |

| | During the preceding 12 months | | | |
|--|--------------------------------|-----|------|-----|
| | Type | Hrs | Type | Hrs |
| Pilot-in-Command | | | | |
| Co-pilot | | | | |
| Instrument | | | | |
| F/N, F/E, R/O (<i>strike off inapplicable</i>) | | | | |
| Flight Instructor | | | | |

Details of Previous Validations issued in Sri Lanka:

(Attach separate sheet or copies of previous FLVCs if space below is inadequate)

| Certificate No. | Date of Issue | Date of Expiry | Privileges | Operator |
|-----------------|---------------|----------------|------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

09. Enclosures

Yes No

If the answer is ' No' the expected date of submission

- Foreign licence and a photocopy Yes No
- Corresponding medical certificate and a photocopy Yes No
- Initial training records/certificates of types/classes of a/c for which the application relates to and photocopies Yes No
- Proof of Experience (Flying log book) and photocopies Yes No
- Letters from previous Employers and photocopies Yes No
- Applicable Personnel Licensing Regulations and Standards

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- of the State which issued the Foreign Licence and photocopies
- Foreign Security Clearance Certificate/s
- Duly filled application for security clearance in Sri Lanka
- Copy of the passport/s
- Certified English language translations of above documents
- if the originals are not in the English language
- Fee for Processing of an Application for Validation

• I hereby certify that the above particulars furnished by me are true and correct. I understand that submission of any inaccurate or false information will amount to disqualification of this application or cancellation/suspension of my FLVC.

.....
Date

.....
Signature of Applicant

| |
|------------------------------|
| Operator's Submission |
|------------------------------|

(To be filled by the Operator who recommends the application. Please attaché more sheets if space is inadequate.)

Name of the Operator.....

Current Postal Address of the Operator/ Employer:

Expected duration of employment of the applicant From: To.....

Methods employed by the Operator to find suitably qualified citizens of Sri Lanka to fill the above post:

.....
.....

Describe future plans of the Operator to train and employ citizens of Sri Lanka to fill the above post:

.....
.....

If the application is not the Initial application in respect of the above applicant, please state why the Operator was unable to train and employ citizens of Sri Lanka so far:.....

.....
.....

Does the above applicant meet the requirements for employment in terms of the DGCA approved Flight Operation Training Manuals and the applicable CAA Regulations and Standards.....

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Has the Operator implemented a Company Training & Checking Organization approved by the DGCA?:

.....

If not, what plans does the Operator have to establish one?:.....

.....
.....

Name of the Nominated Training School :
Describe clearly the training programme, which will be offered to the applicant (*Please be precise and do not to use phrases such as 'As per the Training Manual 'etc) and the name of the Training School:*

.....
.....

I/We hereby declare that the details furnished above are true and correct. As such the application is recommended. I/We understand that submission of any inaccurate or false information will amount to disqualification of this application or cancellation/suspension of the FLVC issued to the above applicant.

Name of the Operator: Company Seal:

Name of the Accountable Manager :

Designation :

.....
Date

.....
Signature

| | | | |
|--|--------------------------|---------------------|--|
| For official use | | | |
| Date of receipt of the application : | | Received by : | |
| Signature: | | | |
| Fee for processing the FLVC Paid : Yes/No | | Date | Rec. No : |
| Documents insufficient | <input type="checkbox"/> | informed applicant | <input type="checkbox"/> Date |
| Documents sufficient | <input type="checkbox"/> | Processing started | <input type="checkbox"/> Comments: |
| Fee for issue of FLVC Paid | | : Yes/No | Date :..... Rec.No : |

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Form No: CAA/PL/I/06

FLVC issued by : Date

Collected by : Date