**Conversion of Foreign ATPL to Sri Lankan ATPL**

CHECK LIST FOR RECEIVING APPLICATIONS

Name of the Applicant :

Date :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Yes**  | **No**  | **Remarks** | **Office Use** |
| Duly completed Online Application for Issuance of ATPL  |  |  | Ref. No. |  |
| Medical Examination  |  |  | Date of Medical : |  |
| Knowledge Examination |  |  | Validity: |  |
| English Language Proficiency check  |  |  | Validity of ELPC: |  |
| Log Book certified by flying training organization together with copies indicating total and recent flying experience. |  |  |  |  |
| Foreign Licence. |  |  |  |  |
| Foreign Medical Certificate |  |  |  |  |
| NIB Clearance received  |  |  | Ref. No. and Date : |  |
| Course completion certificate |  |  |  |  |
| Certificate of flying school approval (Enrollment certificate) |  |  |  |  |
| Detailed breakdown of flying experience |  |  |  |  |
| Skill test report and ATC observer’s report. |  |  |  |  |

I understand that my application will not be processed unless I produce the original certificate / documents to TOPL section and make the relevant payments.

I hereby certify that the particulars given by me in this application are true and correct.

………………………………………….

(Applicant’s Signature)

The Application and documents received on …………………………………. and payment made.

Payment Receipt number …………………..

…………………………………..

(Receiving Officer’s signature)