|  |
| --- |
| Payments Made for |
| Express Evaluation |  |
| Normal Evaluation |  |



**CIVIL AVIATION AUTHORITY OF SRI LANKA**

**APPLICATION FOR RENEWAL OF PROFESSIONAL PILOT LICENCE & RATING**

**(INSTRUMENT, AIRCRAFT, AFI.FI)**

 **FOR COMMERCIAL OPERATIIONS**

1. Name in full: …………………Ranurajith Jayarathne…………………………………………………………..…
2. Address if changed: …………………………N/A……………………………………………….……………….
3. Telephone Number: …………011-2358000…………………………………………………………………..….
4. E Mail Address: …………… rrja@gmail.com…………………………………………………….......................
5. Airline Employed with: ………SriLankan Airlines………………………………………………………….……
6. Licence Number CPL/ATPL: …………ATPL/A/850……………………………………………………………
7. Expiry Date: ……………………11/11/2011…………………………………………………………………...
8. Renewals Sought:

 (a). Aircraft Types;

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | √ | No |  |
| Types A330 & A340 |

 (b). Instrument Rating:

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | √ | No |  |

 (c) Any other Ratings(AFI,FI)

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  × |
| Types |

1. Age & Nature of Operations(Please tick off “√” applicable category)

a)

|  |  |  |
| --- | --- | --- |
| Below 60 Yrs | 60-65 Yrs | Multi crew(Passenger/Cargo/Mail) |
|  √ |  |

b)

|  |  |  |
| --- | --- | --- |
| Below 40 Yrs | Above 40 Yrs | Single crew(Passenger/Flying/Training) |
|  |  |

c)

|  |  |  |
| --- | --- | --- |
| Below 40 Yrs | Above 40 Yrs | Single crew(Cargo or Mail) |
|  |  |

1. Medical Examination:
	1. If Completed Date: …………………………11/11/2011………………………………………………………………
	2. If Not Completed Booking Date: ……………………………………………………………………………………………………..
2. Experience and Competency: **(Applicable for Public Transport Operations)**

|  |
| --- |
|  A330 & A340 |

1. a. Aircraft types:

|  |
| --- |
|  Nil |

b. Any other Ratings:

 (Instrument/Aircraft,AFI,FI)

c. State whether you have operated the flight controls on the above type of aircraft

 endorsed on your licence or in a simulator approved for the purpose during

 at least three takeoffs and landings within the preceding 90 days of this

 application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | √ | **No** |  |

|  |
| --- |
| **Official Use Only** |
| Log BookChecked | Remarks |
| Initial |

 C. Submit Log book Evidence:

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | √ | **No** |  |

1. Pilot Proficiency checks:
2. State whether you have satisfactory completed bi-annual PPCs at appropriate

 Intervals as required by ASN 047.

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | √ | **No** |  |

1. Submit Reports:

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | √ | **No** |  |

1. Experience & Competency **(Applicable for Non Public Transport Operations)**

|  |
| --- |
|  N/A |

* + - * 1. Aircraft Types:

|  |
| --- |
|   |

* 1. Any other Ratings:

 (Instrument,Aircraft,AFI,FI)

* 1. State whether you have acquired not less than 06 hrs of flying as PIC including 06 take offs & landings in the immediately preceding 06 months:

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

**Or**

 d. State whether you have acquired not less than 12hrs flying as Co-Pilot or PIC under supervision including 06 takeoffs and 06 landings made under supervision as appropriate to the capacity in the immediately preceding six months.

|  |
| --- |
| **Official Use Only** |
| Log BookChecked | Remarks |
| Initial |

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

1. Submit Log book Evidence:

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

1. Pilot Proficiency checks:

(a). The date of last PPC & Type of PPC: .....…………………………………………

(b). Date of Expiry of PPC: ……………………………………………………………

(c). whether an examiner to be appointed for a new check:

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** |  | **No** |  |

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

……11/11/2011…………….. …………………Signed…………………………..

 Date Signature of the Applicant