# Civil%20AviationCIVIL AVIATION AUTHORITY OF SRI LANKA

APPLICATION FOR AN AIRLINE TRANSPORT PILOT LICENCE

(AEROPLANE)

I hereby request that an Airline Transport Pilot Licence, and certify that the particulars given by me in this form are true and correct to the best of my knowledge and belief.

1. Name (A) Surname: …………Jayarathna……………………….…………………………………….

(B) Other Names: ……RanuraJith……………….……………………………….…………….

2. Permanent Address: …………No 05,Galle Road,Colombo 03….……………...……………………..

………………………………………………………...……………..

3. Telephone No.: …0112358980…………………………… 4. Fax No…..……-………………………

5. Email Address: …rrj@gmail.com……………………………………………………………….………

6. Nationality: ……Sri Lankan…………………………………………………….………………………

7. Date of Birth: D…08..…M…12……Y…1983……… Place of Birth……Colombo……….………..

8. If you hold any SriLankan or Foreign licence, Please furnish following details.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Licence Title | Issuing Authority | Licence No. | Date of Issue | Date of expire |
| 01 | ATPL | FAA | 3160789 | 12/11/2011 | 07/11/2012 |
| 02 | CPL | CAA-SRI LANKA | CPL/A/645 | 31/12/2007 | 26/08/2012 |
| 03 |  |  |  |  |  |

9. If you have been a qualified pilot in SriLankan Air Force give service, rank and the date of leaving service. :………………………N/A………………………………………………………………..

…………………………………………………………………………………...………………

10. Did you follow an approved course of training for your CPL: …………YES…………………….

If so, give the number of dual instruction hrs received: …………185HRS………………………….

11. Multi engine type of aircraft used for training and evaluation: ……CESSNA 310

AT SLA A330/340………………………………………………………………………………………

12. Medical Examination details:

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Issue | Valid until | Class | Limitation |
| FAA(07/11/2011)  CAASL(16/08/2011) | 07/11/2012  26/08/2012 | I  I | SHALL WEAR CORRECTIVE LENSES  SHALL WEAR CORRECTIVE LENSES |

13. Aircraft types and requested for :…… A330/340……………………………………………………...

14. Flying experience details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Flying Experience | | | Hrs |
| 01 | Pilot In Command | | | 605 |
| 02 | Pilot In Command under supervision | | | 1520 |
| 03 | Co-pilot | | | 1520 |
| 04 | Cross-Country | As PIC | | 600 |
| As co-pilot | | 420 |
| Total | | 1020 |
| 05 | Instrument | In the air | | 451 |
| Synthetic | | 120 |
| Total | | 571 |
| 06 | Night Flying | | | 669 |
| 07 | Total on requested aircraft  Type(s) | | 1.A330 | 420 |
| 2.A340 | 315 |
| 3. |  |
| 08 | Grand Total | | | 1871 |

15. Recent flying:

Number of hrs as pilot in command during the preceding six months: ………260…..……….

I received Pamphlet No. PL/P/05 or PL/P/06.

………21/11/2011…………………… …………SIGNED…………………..

Date Signature of Applicant

**N.B.** This application should be forwarded to this office together with the originals and

Photocopies of the following documents and the Evaluation fee.

1. ATPL issued by foreign CAA
2. Relevant medical certificate
3. Log book
4. Applicable Fees

………………………………….. …………………

Delivery Date Delivery Time