FORMAT OF THE APPLICATION FOR NON-SCHEDULED FLIGHTS/ PRIVATE FLIGHTS INTO/OVERFLY SRI LANKA

1. General Details of Aircraft Movement:-			
a. Purpose of flight (VIP / Tourist / Cargo / Ambulance			
a.	/Relief/Private etc)		
b.	Whether overflying Colombo Flight Information Region		
D.	(FIR) or Landing in Sri Lanka		
	Date of Operation		
c. d.	If landing in Sri Lanka,		
u.	1. Landing Airport		
	Earling Airport Expected Date and Time of Arrival		
	Expected Date and Time of Arrival Sepected Date and Time of Departure		
	3. Expected bate and Time of Departure		
e.	Inbound/Outbound ATS route itinerary including,		
0.	Entry point and Expected time at Colombo FIR		
	Exit point and expected time at Colombo FIR		
f.	Point of Origin of the flight		
g.	Places of intended landing prior to arrival in Sri Lanka or fly		
Ĺ	over Colombo FIR		
h.	Place of immediate landing after departure from Sri Lanka		
	or fly over Colombo FIR		
i.	Final Destination		
j.	Services/Facilities required at the Airport/s of Sri Lanka		
k.	Whether the Operator has previously operated in to an Air-		
	port in Sri Lanka or over Colombo FIR (within the preceding		
	three years) and if so, the last date of operation, type of air-		
	craft and registration number		
2. A	Aircraft Operator:-		
a.	Name		
a. b.	Name Nationality		
a. b. c.	Name Nationality Postal Address		
a. b. c. d.	Name Nationality Postal Address Telephone Number		
a. b. c. d. e.	Name Nationality Postal Address Telephone Number Fax Number		
a. b. c. d. e. f.	Name Nationality Postal Address Telephone Number Fax Number E-mail		
a. b. c. d. e. f.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any		
a. b. c. d. e. f.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number,		
a. b. c. d. e. f. g.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number, if any		
a. b. c. d. e. f.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number, if any Details of Operator (if any changes to above) for Billing pur-		
a. b. c. d. e. f. g. h.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number, if any Details of Operator (if any changes to above) for Billing purposes		
a. b. c. d. e. f. g. h.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number, if any Details of Operator (if any changes to above) for Billing purposes Aircraft Details:-		
a. b. c. d. e. f. g. h.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number, if any Details of Operator (if any changes to above) for Billing purposes Aircraft Details:- Pilot-in-Command		
a. b. c. d. e. f. g. h.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number, if any Details of Operator (if any changes to above) for Billing purposes Aircraft Details:- Pilot-in-Command 1. Name		
a. b. c. d. e. f. g. h.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number, if any Details of Operator (if any changes to above) for Billing purposes Aircraft Details:- Pilot-in-Command 1. Name 2. Nationality		
a. b. c. d. e. f. g. h. i.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number, if any Details of Operator (if any changes to above) for Billing purposes Aircraft Details:- Pilot-in-Command 1. Name 2. Nationality Type of Aircraft with Maximum Take-off Weight (MTOW)		
a. b. c. d. e. f. g. h. i.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number, if any Details of Operator (if any changes to above) for Billing purposes Aircraft Details:- Pilot-in-Command 1. Name 2. Nationality Type of Aircraft with Maximum Take-off Weight (MTOW) State of Registry/Nationality		
a. b. c. d. e. f. g. h. i. b. c. d.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number, if any Details of Operator (if any changes to above) for Billing purposes Aircraft Details:- Pilot-in-Command 1. Name 2. Nationality Type of Aircraft with Maximum Take-off Weight (MTOW) State of Registry/Nationality Registration Number		
a. b. c. d. e. f. g. h. i. b. c. d. e. d. e.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number, if any Details of Operator (if any changes to above) for Billing purposes Aircraft Details:- Pilot-in-Command 1. Name 2. Nationality Type of Aircraft with Maximum Take-off Weight (MTOW) State of Registry/Nationality Registration Number Aircraft Call sign /Flight Number		
a. b. c. d. e. f. g. h. i. b. c. d.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number, if any Details of Operator (if any changes to above) for Billing purposes Aircraft Details:- Pilot-in-Command 1. Name 2. Nationality Type of Aircraft with Maximum Take-off Weight (MTOW) State of Registry/Nationality Registration Number Aircraft Call sign /Flight Number Whether the Aircraft is Capable of Air Dropping		
a. b. c. d. e. f. g. h. i. s. e. d. e. f. g. h.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number, if any Details of Operator (if any changes to above) for Billing purposes Aircraft Details:- Pilot-in-Command 1. Name 2. Nationality Type of Aircraft with Maximum Take-off Weight (MTOW) State of Registry/Nationality Registration Number Aircraft Call sign /Flight Number Whether the Aircraft is Capable of Air Dropping (Yes/No)		
a. b. c. d. e. f. g. h. i. b. c. d. e. f. g. h. g.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number, if any Details of Operator (if any changes to above) for Billing purposes Aircraft Details:- Pilot-in-Command 1. Name 2. Nationality Type of Aircraft with Maximum Take-off Weight (MTOW) State of Registry/Nationality Registration Number Aircraft Call sign /Flight Number Whether the Aircraft is Capable of Air Dropping (Yes/No) Maximum Passenger Seating Capacity		
a. b. c. d. e. f. g. h. i. b. c. d. e. f. g. h.	Name Nationality Postal Address Telephone Number Fax Number E-mail Aeronautical Fixed Service (AFS) Address, if any Aircraft Operator's Certificate/Permit Number, if any Details of Operator (if any changes to above) for Billing purposes Aircraft Details:- Pilot-in-Command 1. Name 2. Nationality Type of Aircraft with Maximum Take-off Weight (MTOW) State of Registry/Nationality Registration Number Aircraft Call sign /Flight Number Whether the Aircraft is Capable of Air Dropping (Yes/No)		

Cont'd

4. On-Board Details:-			
a.	Number of Crew		
b.	Number of Passengers, VIPs if any with Passenger Manifest (Not		
	applicable for over flights)		
	(Passenger Manifest with passport number and the nationality		
	should be forwarded to Director General of Civil Aviation (DGCA)		
	at least 72 hours before forwarding the Flight Plan except Ambu-		
	lance Flights. Passenger Manifest of Ambulance Flights should be		
	forwarded with the Non-schedule Application)		
C.	General description of the goods carried, if any (such as		
	garments, printed material etc.)		
d.	Any arms, ammunitions, explosives, radioactive material,		
	war equipment or dangerous goods carried? If so, attach a		
	copy of Dangerous Goods Regulations (DGR) license is-		
	sued by the respective Aviation Authority		
e.	If Dangerous Goods on-board, UN number/ICAO Class and		
	Division, Quantity should be indicated		
f.	Details of Consignor:		
	(a) Name of Consignor		
	(b) Postal Address		
	(c) Telephone Number		
	(d) Fax Number		
	(e) E-mail		
	(f) AFS Address(if any)		
	(i) 7 ii o 7 iddioss(ii diriy)		
	2. Details of Consignee:		
	(a) Name of Consignee		
	(b) Postal Address		
	(c) Telephone Number		
	(d) Fax Number		
	(e) E-mail		
	(f) AFS Address(if any)		
g.	Any special equipment such as aerial photography, re-		
	mote sensing cameras, night vision cameras on board? If		
	so, attach a copy of the permit issued by the relevant Di-		
	rector General of Civil Aviation (DGCA)		
h.	Number of passengers with passenger manifest or tonnages and		
	type of cargo to be uplifted from and set-down in Sri Lanka (Pas-		
	senger Manifest with passport number and the nationality should		
	be forwarded to the Director General Civil Aviation (DGCA) at		
	least 72 hours before forwarding the Flight Plan except Ambulance Flights. Passenger Manifest of Ambulance Flights should		
	be forwarded with the Non-schedule Clearance Application)		
6 F	Details of Travel/Cargo Local Handling Agent:-		
	Name		
a. b.	Postal Address		
	Telephone Number		
c. d.	Fax Number		
e.	E-mail		
f.	Certified that the information given above is correct.		
١٠.	Certified that the information given above is correct.		
	Name of the Signatory :		
	The state of the origination of the state of	(Signature of the Authorized Officer)	
	Designation :	(e.gatare e. the / tathen = a = meet)	
	Company/Embassy Name:	(Date)	
		•	
	Address :		
		(Company Stamp-seal if available)	