



Personnel Licensing

FSS PEL G10

Telephone number:	+264 61 702240/1	Fax Number:	+264 61 702244
Physical address:	No.12 Rudolph Hertzog Street, Windhoek, NAMIBIA		
Postal address:	Private Bag X12003, Ausspannplatz, Windhoek, NAMIBIA	E-mail	Chrissymeroro@dca.com.na

AIR LAW EXAMINATION ENTRY FORM

NOTE:

1. After completion this form must be submitted to the DCA together with:
 - (i) ID document;
 - (ii) DCA licence;
 - (iii) Proof that the applicant meets the requirements for entry to the examination, and
 - (iv) Proof of the payment of the prescribed examination fee.

PART 1: TO BE COMPLETED BY APPLICANT

A. PERSONAL DETAILS

Surname <i>(Block letters)</i>			
First names			
Identity/Passport Number		Nationality	
Residential address		Postal address	
Telephone Number		Email address	
Fax Number		DCA reference/ licence/ certificate number:	
Mobile phone Number			
Signature of Applicant		Date:	

B. EXAMINATION DETAILS

SUBJECT/EXAM	TUE	THU	PREFERRED EXAM DATE
1. AIRLAW	<input type="checkbox"/>	<input type="checkbox"/>

I herewith certify that the information submitted to the DCA is correct and that I meet the requirements for entering the abovementioned examinations.

Signature of Applicant		Date:	
------------------------	--	-------	--

PART 2: OFFICIAL USE ONLY

Date: Entry reviewed		Entry	Accepted	Date:		Rejected	Date:	
DCA Employee Name:		DCA Supervisor Name:		Reason:				
Signature:		Signature:						