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**APPLICATION FOR A PRIVATE PILOT LICENCE
(Aeroplane, Helicopter, Powered-lift, Glider, Free Balloon, Airship)**

NOTE:

- 1) After completion this form must be submitted to the DCA, together with the following:
 - a) Two recent photographs (25mm x 25mm);
 - b) ID/passport document
 - c) Proof of holding or having held in the past 60 months, a valid student pilot or higher licence, foreign pilot licence, military pilot qualification or sporting pilot licence;
 - d) Valid radiotelephony operator certificate;
 - e) Results of practical flight test and theoretical knowledge examination;
 - f) Logbook, properly summarised and certified;
 - g) Proof of payment of the licence fee as prescribed in Part 187 of the NAMCAR;
 - h) Valid medical certificate; and
 - i) Valid English Language Proficiency Certificate.
- 2) All skill test reports must be submitted within 90 days of completion of the skills test.

PART 1: TO BE COMPLETED BY APPLICANT

Surname(Mr/Mrs/Miss) <i>(Block letters)</i>							
First names							
Gender <i>(check box)</i>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Nationality		
Identity/Passport Number				Date of birth			
Residential address				Postal address			
Telephone Number				Mobile phone Number			
Fax Number				Email address			
DCA Reference number OR License number							
Licence applied for:		PPL Aeroplane <input type="checkbox"/>		PPL Helicopter <input type="checkbox"/>		PPL Powered-lift <input type="checkbox"/>	
		Glider <input type="checkbox"/>		Free Balloon <input type="checkbox"/>		Airship <input type="checkbox"/>	
Ratings applied for:		Night <input type="checkbox"/>	IF <input type="checkbox"/>	Post Maintenance Test flight <input type="checkbox"/>	Tug <input type="checkbox"/>	Tow <input type="checkbox"/>	
		Agricultural <input type="checkbox"/>	Aerobatics <input type="checkbox"/>	Touring Glider <input type="checkbox"/>	Game/Livestock cull <input type="checkbox"/>		

PART 2: TO BE COMPLETED BY THE APPLICANT

EXPERIENCE

Aircraft type	Date when last flown	Cross country flying hours		Total flying hours (including cross country and other)	
		Dual hours	Solo hours	Dual hours	Solo hours
TOTALS					
GRAND TOTAL					

I herewith certify that the information submitted to the DCA is correct.

Signature of Applicant		Date:	
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PART 3: TO BE FILLED OUT BY INSTRUCTOR

Name of Aviation Training Organisation		Name of instructor <i>(Block letters)</i>	
Telephone		Licence number	
Email address		<i>Signature of Instructor</i>	
Date:		<i>Grade (I/II)</i>	

OFFICIAL USE ONLY

Date: Application reviewed		Application	Approved	Date:		Rejected	Date:	
DCA employee Name:		DCA Supervisor Name:		Reason:				
Signature:		Signature:						