



Personnel Licensing

FSS PEL 61-03

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APPLICATION FOR A COMMERCIAL AND AIRLINE TRANSPORT PILOT LICENSE
(Aeroplane, Helicopter, Powered-lift, Free Balloon, Airship)

NOTE:

1. After completion this form must be submitted to the DCA together with the following:
 - a. Proof of holding or having held in the past 60 months, a private pilot licence, a foreign pilot licence, military pilot qualification or sporting pilot licence or of holding a student pilot licence if an integrated course was completed;
 - b. Valid general radiotelephony operator certificate;
 - c. Results of practical flight test, and instrument rating flight test, when applicable;
 - d. Logbook, properly summarised and certified;
 - e. Proof of payment of license fee as prescribed in Part 187;
 - f. Valid medical certificate;
 - g. Commercial or Airline Transport Pilot Licence examination certificate; and
 - h. Valid English Language Proficiency Certificate.
2. Proof of flying experience on types flown over your entire flying career must be submitted with your logbook summary and must be in line with the total time in Part 2.
3. All skill test reports must be submitted within 90 days of completion of the skills test.

PART 1: TO BE COMPLETED BY APPLICANT

Type of licence applied for:	Commercial Pilot License <input type="checkbox"/>		Airline Transport Pilot License <input type="checkbox"/>		
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		
Permanent resident <input type="checkbox"/>	Work Permit <input type="checkbox"/>	DCA License number			
Category applied for:	Aeroplane <input type="checkbox"/>	Helicopter <input type="checkbox"/>	Powered-lift <input type="checkbox"/>	Free Balloon <input type="checkbox"/>	Airship <input type="checkbox"/>
Ratings applied for:	Instrument <input type="checkbox"/>	Instructor Gr III <input type="checkbox"/>	Instructor Gr II <input type="checkbox"/>	Instructor Gr I <input type="checkbox"/>	
Tug <input type="checkbox"/>	Tow <input type="checkbox"/>	Aerobatics <input type="checkbox"/>	Agricultural <input type="checkbox"/>	Night <input type="checkbox"/>	
H Sling-load <input type="checkbox"/>	H Winching <input type="checkbox"/>	H Game/Livestock Cull <input type="checkbox"/>	Test Pilot Gr II <input type="checkbox"/>	Test pilot Gr I <input type="checkbox"/>	

PART 2: TO BE COMPLETED BY THE APPLICANT

EXPERIENCE

Class/Type rating:	SE Piston <input type="checkbox"/>	ME Piston <input type="checkbox"/>	Touring Glider <input type="checkbox"/>	Conventional glider <input type="checkbox"/>						
	FB (≤3400m³) <input type="checkbox"/>	FB (>3400m³) <input type="checkbox"/>	Rigid Airship <input type="checkbox"/>	Non rigid airship <input type="checkbox"/>						
	Warbird P1 <input type="checkbox"/>	Warbird P2 <input type="checkbox"/>	Type rating P1 <input type="checkbox"/>	Type rating P2 <input type="checkbox"/>						
	SE Turbo Prop <input type="checkbox"/>	ME Turbo Prop <input type="checkbox"/>	Turbojet <input type="checkbox"/>							
TOTALS	Single pilot classes				Multi- crew types					
	Day		Night		Day			Night		
	Dual (2)	PIC (3)	Dual (4)	PIC (5)	Dual (6)	Captain (7)	First Officer (8)	Dual (9)	Captain (10)	First Officer (11)
GRAND TOTAL										

Aircraft Type/Type rating	Date last flown	Aircraft Type/Type rating	Date last flown

Instrument flying hours:	Cross-country flying hours:		Total flying hours for:							
On aircraft	In Simulator	By Day	By Night	Last 6 months:			Last 12 months:			
				PIC		FO		PIC		FO

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

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

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

OFFICIAL USE ONLY

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