



**Personnel Licensing**

**FSS PEL 61-04**

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**APPLICATION FOR THE VALIDATION OF A FOREIGN PILOT LICENSE**

**NOTE:**

1. After completion this form must be submitted to the DCA, together with the following:
  - a. Original or certified copy of foreign pilot license,
  - b. Original or certified copy of radiotelephony operator certificate;
  - c. Original or certified copy of valid foreign medical certificate, where applicable
  - d. Results of practical flight test for validation sought, and instrument rating and/or instructor rating flight test, when applicable;
  - e. Original or certified copy of results of air law examination,
  - f. Original or certified copy of logbook, properly summarised and certified by instructor;
  - g. Proof of payment of license validation fee as prescribed in Part 187.

**PART 1: TO BE COMPLETED BY APPLICANT**

Purpose of validation applied for:	Private Pilot		Commercial Pilot		Airline Transport Pilot	
	Ferry Flight		Demonstration flight		Training and testing	
Ratings applied for:	Instrument Rating		Instructor rating/TRI		Examiner	
	Night Rating		Tow/Tug Rating		Other	
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				Address in Namibia		
Telephone Number In Namibia				Cellphone Number in Namibia		
Fax Number in Namibia				Email address		
Signature of Applicant				Date:		

**PART 2: TO BE COMPLETED BY THE APPLICANT**

**FOREIGN LICENSE DETAILS**

Type of license held:		Expiry date:		Country of Issue	
List ratings held:					
List aircraft types flown:					
Medical certificate	Class	1	2	4	n/a
					Valid until:

**PART 3: TO BE COMPLETED BY APPLICANT**

**EXPERIENCE (complete as applicable)**

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
Instructional hours				Hours on type(s) to be flown in Namibia during last 12 months:						
On aircraft	In Simulator	By Day	By Night	Type:		Type:				
				PIC		FO		PIC		FO
Commercial hours flown:				Type:		Type:				
PIC		FO		PIC		FO		PIC		FO

**PART 4: 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:					