



Personnel Licensing

FSS PEL 61-07

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APPLICATION FOR AN INSTRUMENT RATING
(For initial IF application when it is made independently from licence application and for revalidation of IF rating)

NOTE:

1) After completion this form must be submitted to the DCA together with the following:

a) For an initial issue of an IF rating:

- i) valid **general** radiotelephony operator certificate, if applicable;
- ii) valid Class 1 medical certificate;
- iii) valid night rating, unless this is already part of the licence;
- iv) results of the theoretical knowledge examination;
- v) results of instrument rating skill test on form FSS PEL 61-41;
- vi) logbook, properly summarised and certified by an instructor;
- vii) instrument rating fee as prescribed in Part 187.

b) For the revalidation of an IF rating if it has not lapsed for more than 24 months:

- i) Results of instrument rating skill test on form FSS PEL 61-41;

2) All skill test reports must be submitted within 30 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		
Type of license held:					DCA License number		
Category of aircraft:	Aeroplanes		Helicopters		Powered-lift		
Application for:	Initial IF rating:		Revalidation of IF rating:				

PART 2: TO BE COMPLETED BY THE APPLICANT									
EXPERIENCE									
Instrument flying hours: Total:				Cross-country flying hours:			Total flying hours for past 12 months:		
In Simulator	In helicopters	In aeroplanes	In powered-lifts	PIC	FO	PIC	FO		
FSTD Type	FSTD Level		FSTD registration						

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			<i>Signature of Instructor</i>
Date:			<i>Grade (I/II)</i>

OFFICIAL USE ONLY					
Date: Application reviewed		Application	Approved	Date:	Rejected
DCA employee Name:		DCA supervisor Name:		Reason:	
Signature:		Signature:			