



**Personnel Licensing**

**FSS PEL 61-09a**

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**APPLICATION FOR RENEWAL/REVALIDATION OF CLASS, TYPE OR WARBIRD RATING**

**NOTE:**

- (1) After completion this form must be submitted to the DCA, together with the following:
- (i) For gliders, proof of compliance with experience requirements contained in logbook, properly summarised and certified, or results of practical skill test;
  - (ii) For all other class & type ratings, results of practical skill test; and
  - (iii) rating fee as prescribed in Part 187;
- (2) All skill test reports must be submitted within 90 days of completion of the skill test.

**PART 1: TO BE COMPLETED BY ALL APPLICANTS**

Surname(Mr/Mrs/Miss) <i>(Block letters)</i>											
First names											
Gender <i>(check box)</i>		Male		Female		Nationality					
Identity/Passport Number						Date of birth					
Telephone Number						Mobile phone Number					
Fax Number						Email address					
Type of licence held:						DCA License number					
Class/Type Ratings applied for:		Class rating						Warbird Rating		Type Rating	
		SE Piston	ME Piston	Touring Gliders	Power Assisted Gliders	Conventional Gliders	1 Pilot	1 Pilot			
		SE Turbo Prop	FB (≤ 3400m³)	FB (> 3400m³)	Rigid Airship	Non-rigid Airship	2 Pilots	2 Pilots (PIC or P1)			
		ME Turbo Prop	Turbojet Engines	Turbine Engines				2 Pilots (Co-pilot or P2)			
Type of aircraft used: (Make & model)											
I certify that the information contained in this application is correct.											
Signature of applicant:						Date:					

**TEMPORARY CERTIFICATES OF COMPETENCE**

I, the undersigned certify that the applicant meets the prescribed requirements of the NAMCAR in respect of the class/type aircraft applied for and that he is authorised in a temporary capacity as provided for in the NAMCAR, to fly the above-mentioned aircraft type for a period of 30 days from the date hereof, providing that his licence is valid.

Name of instructor or DE <i>(Block letters)</i>		Signature of Instructor or DE	
Telephone		Licence number	

**PART 2: TO BE COMPLETED BY AN APPLICANT FOR GLIDERS EXPERIENCE**

Total Hours in past 12 months:	Total no. of flights in past 12 months:
Hours as PIC last 12 months:	Total no. of solo flights in past 12 months:

**OFFICIAL USE ONLY**

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