



Personnel Licensing

FSS PEL 61-59

Telephone number:	+264 61 702240/1	Fax Number:	+264 61 702244
Physical address:	No.12 Rudolph Hertzog Street, Windhoek, NAMIBIA		
Postal address:	Private Bag X12003, Ausspannplatz, Windhoek, NAMIBIA	E-mail	Chrissymerero@dca.com.na

ANNUAL REPORT OF TESTS PERFORMED

PART 1: TO BE COMPLETED BY DE

Surname(Mr/Mrs/Miss) <i>(Block letters)</i>			
First names			
Identity/Passport Number		Date of birth	
Telephone Number		Mobile phone Number	
DCA License number:		Email address	
Residential address		Postal address	

TEST DETAILS FOR YEAR

Date of designation:	Annual report due	Report 1	Report 2	Report 3
Test date:	Test candidate:	Purpose of test:	Aircraft/FSTD registration:	
Test date:	Test candidate:	Purpose of test:	Aircraft/FSTD registration:	
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Test date:	Test candidate:	Purpose of test:	Aircraft/FSTD registration:	

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

Signature of DE	Date:
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OFFICIAL USE ONLY					
Date: Report reviewed	Report:	Approved	Date:	Rejected	Date:
DCA employee Name:	DCA Supervisor Name:			Reason:	
Signature:	Signature:				