



Personnel Licensing

FSS PEL G11

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AUTHORIZATION & SUPPORT LETTER REQUEST FORM

NOTE:
 1. After completion, this form must be submitted to the NCAA together with certified copies of:
 a. ID document;
 b. NCAA licence;
 c. Last 2 pages of logbook and, or evidence of successful completion of radiotelephony course, and
 d. Proof of the payment for the prescribed fees.

PART 1: TO BE COMPLETED BY APPLICANT

A. PERSONAL DETAILS

Surname <i>(Block letters)</i>			
First names			
Identity/Passport Number		Nationality	
Residential address		Postal address	
Telephone Number		Email address	
Mobile phone Number			
NCAA reference/ licence/ certificate number:			

B. REQUESTED FOR AUTHORIZATION TO TRAIN / TEST WITH EXPIRED RATING

(mark as applicable)
 I hereby apply for an authorization to undergo flight training and testing with an expired class / type / instrument / special rating for the purpose of a reissuance of my rating/s.
 My rating expired on **(date/month/year)** because *(give reasons in brief)*:

C. REQUEST FOR SUPPORTING LETTER IN APPLICATION FOR A CRAN RADIOTELEPHONY CERTIFICATE

(Note: You are required to provide evidence of successful completion of a radiotelephony course with an approved ATO or evidence that you have been practising the privileges of a radiotelephony certificate for the past at least two years preceding this application.)
 I hereby apply for a supporting letter in my application to CRAN for an Initial Issue / Renewal / of a Restricted / General Radio Telephony Certificate. **(mark as applicable)**

New application <input type="checkbox"/> <i>(Attach theoretical and practical test results)</i>	Renewal <input type="checkbox"/> Expiry date of current certificate (insert date/month/year) <i>(Attach last 2 pages of pilot logbook <input type="checkbox"/> / job card <input type="checkbox"/> / work schedule <input type="checkbox"/> & copy of expired radiotelephony certificate)</i>
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I herewith certify that the information submitted to the NCAA is correct and that I meet the requirements for the recommendation as requested above.

Signature of Applicant		Date:	
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PART 2: OFFICIAL USE ONLY

Date: Request reviewed		Request	Approved		Date:	Rejected		Date:	
NCAA Employee Name:		NCAA Supervisor Name:		Reason:					
Signature:		Signature:							