



Personnel Licensing

FSS PEL 62-03a

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	Chrissymeroro@dca.com.na

**APPLICATION FOR A RECREATIONAL PILOT LICENCE WITH CATEGORY
(Conventional Microlight, Weight Shift Microlight, Gyroplanes, Gyrogliders, Light Sport Aeroplanes)**

NOTE:

- 1) After completion this form must be submitted to the DCA, together with the following:
 - a) Two recent photographs (25mm x 25mm);
 - b) ID/passport document
 - c) Proof of holding a valid recreational pilot learner certificate or recreational pilot licence in another category or a pilot licence issued in terms of Part 61;
 - d) Valid radiotelephony operator certificate;
 - e) Logbook, properly summarised and certified;
 - f) Proof of payment of the licence fee as prescribed in Part 187;
 - g) Valid Class 4 medical certificate; and
 - h) Valid English Language Proficiency Certificate.
- 2) All skill test reports must be submitted within 60 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		
DCA Reference number OR License number							
Category applied for:	Conventional Microlight	<input type="checkbox"/>	Weight-shift Microlight	<input type="checkbox"/>	Gyroplane/Gyroglider	<input type="checkbox"/>	
	Light Sport Aeroplane	<input type="checkbox"/>					
Class applied for:	Conventional ML; land	<input type="checkbox"/>	Conventional ML; sea/amphibian	<input type="checkbox"/>	Weight-shift ML; land	<input type="checkbox"/>	
	Weight-shift ML, sea/amphibian	<input type="checkbox"/>	Gyroplanes; land	<input type="checkbox"/>	Gyroplanes; sea/amphibian	<input type="checkbox"/>	
	Gyrogliders	<input type="checkbox"/>	Light Sport; land	<input type="checkbox"/>	Light Sport, sea/amphibian	<input type="checkbox"/>	
Special Ratings applied for:	Tandem rating	<input type="checkbox"/>	Instructor rating	<input type="checkbox"/>	Tug rating	<input type="checkbox"/>	
	Tow rating	<input type="checkbox"/>	Agricultural rating	<input type="checkbox"/>	Part 96 authorisation	<input type="checkbox"/>	

PART 2: TO BE COMPLETED BY THE APPLICANT

EXPERIENCE

Aircraft type	Date when last flown	Cross country flying hours		Total flying hours (including cross country and other)		
		Dual hours	Solo hours	Dual hours	Solo hours	
TOTALS						
				GRAND TOTAL		

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

Signature of Applicant		Date:	
------------------------	--	-------	--

PART 3: TO BE FILLED OUT BY INSTRUCTOR

I herewith certify that I have completed the training & examination required for the licence applied for in terms of NAMCAR and NAMCATS Part 62.

Name of Aviation Training Organisation		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	Date:	
DCA employee Name:		DCA Supervisor Name:		Reason:				
Signature:		Signature:						