



REPUBLIC OF NAMIBIA

DIRECTORATE: CIVIL AVIATION, PRIVATE BAG 12003 AUSSPANPLATZ, WINDHOEK, TEL: 245590/243381 FAX: 238884

APPLICATION FOR THE RENEWAL OF A FLIGHT CREW MEMBERS LICENCE

TYPE	X	CATEGORY	X	CATEGORY	X
SDT GLIDER		GLIDERS			
GLIDER		GLIDERS			
SDT MICROLIGHT		MICROLIGHTS			
MICROLIGHT		MICROLIGHTS			
STUDENT		AEROPLANES		HELICOPTERS	
PRIVATE		AEROPLANES		HELICOPTERS	
COMMERCIAL		AEROPLANES		HELICOPTERS	
AIRLINE TRANSPORT		AEROPLANES		HELICOPTERS	
INSTRUMENT		AEROPLANES		HELICOPTERS	
INSTRUCTORS		AEROPLANES		HELICOPTERS	

PLEASE NOTE:

After completion, this form must be forwarded to the above address together with the following:

1. Licence
2. Logbook summary
3. Results of Practical flight test (if applicable)
4. Renewal fee as prescribed in the Air Navigation Regulations
5. Medical report (DD-50)

Name of applicant: Lic. Number

Date of Birth: Tel:

Residential address: P.O. Box:

Date of last medical examination Date of previous flight test:

FLYING EXPERIENCE

	Pilot in Command	Co-pilot	Dual
1. Pilot's Licence			
a) Flying hours during last 6 months (ATPL)
b) Flying hours during 12 months
c) Grand total flying hours
2. Instrument rating			
a) Actual instrument flying hours during past 6 months
b) Flying hours on mechanical devices during last 6 months
3. Instructors rating			
a) Grade held
b) Flying hours as instructor (excluding cross-country flights) during past 12 months

CERTIFICATE BY APPLICANT AND INSTRUCTOR OR AUTHORIZED PERSON

I certify that above-mentioned particulars are true and correct and the respective licences were valid during the hour flown

SIGNATURE OF INSTRUCTOR/TESTING OFFICER

DATE

SIGNATURE OF APPLICANT

FOR OFFICIAL USE ONLY

Result of medical examination: **FIT/UNFIT/TEMPORARY UNFIT**

I.F. Test Passed Failed on:..... IF Rating renewed from to

Flight Test Passed Failed on:..... Licence renewed from to

Instructors flight test done on: Test valid from to

Practical flight test done on : I/F test valid fromto

DATE

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