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**APPLICATION FOR A STUDENT PILOT LICENCE**

**NOTE:**

- 1) After completion this form must be submitted to the DCA, together with the following:
  - a) Two recent colour photographs (25mm x 25mm);
  - b) Proof of payment of the prescribed licence fee,
  - c) Proof of completion of radio telephony operator course and
  - d) Certificate of medical fitness.

**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		
Aviation Training Organisation			Training Instructor Name		
Aircraft types used for training:					
Signature of Applicant				Date:	

**PART 2: TO BE COMPLETED BY GRADE I OR II INSTRUCTORS**

**CERTIFICATES OF COMPETENCY**

**Certificate A**

I certify that the applicant complies with the training requirements for student pilots as prescribed in the NAMCAR Part 61 and that he/she is capable of operating radio equipment on board the aircraft on which he is undergoing training for solo flights in circuits, general flying areas and cross-country sectors.

Aircraft type/s		Name of instructor <i>(Block letters)</i>	
Telephone		Licence number	
Email address		<i>Signature of Instructor</i>	
Date:		<i>Grade (I/II)</i>	

**Certificate B**

I certify that the applicant passed a written examination for student pilots as prescribed in the NAMCAR Part 61.

Telephone		Name of instructor <i>(Block letters)</i>	
Email address		Licence number	
		<i>Signature of Instructor</i>	
Date:		<i>Grade (I/II)</i>	

**NOTE:**

1. Certificate A and B may be signed by the same instructor.
2. In the case of an applicant who is not in possession of a Restricted Radio Telephony Operator Certificate, his/her licence will be issued provisionally on the strength of Certificate A for a period of three months only.

**OFFICIAL USE ONLY**

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