



REPUBLIC OF NAMIBIA
 MINISTRY OF WORKS, TRANSPORT AND COMMUNICATION
 APPLICATION FOR OVERFLIGHT AND LANDING AUTHORIZATION

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OFFICIAL USE
 APPLICATION RECEIVED YEAR MONTH DAY
 Y Y Y Y M M D D

REQUESTED DATES

FROM YEAR MONTH DAY UNTIL YEAR MONTH DAY
 Y Y Y Y M M D D Y Y Y Y M M D D

REMARKS: To allow for any delays caused by operational, technical, meteorological or any other unforeseeable reasons allow for additional days. In case of more than 28 days, please allow up to 7 days before approval.

OPERATOR ADDRESS

>>> <<< THIS IS THE BILLING ADDRESS

ACC N# IF AVAILABLE OPERATOR
 OP CODE ICAO CODE
 TITLE
 COMPANY or NAME
 FIRST NAME
 ADDRESS
 STATE
 ZIP
 CITY
 COUNTRY

OPERATOR CONTACT
 TITLE
 NAME
 CTRY CODE AREA CODE LOCAL NUMBER EXT.
 PHONE 1 -
 PHONE 2 -
 FAX -
 E-MAIL
 REMARKS (FL# ETC.)

AGENT OR ALTERNATE ADDRESS

>>> <<< OR THIS IS THE BILLING ADDRESS

ACC N# IF AVAILABLE
 TITLE
 COMPANY or NAME
 FIRST NAME
 ADDRESS
 STATE
 ZIP
 CITY
 COUNTRY

CONTACT
 TITLE
 NAME
 CTRY CODE AREA CODE LOCAL NUMBER EXT.
 PHONE 1 -
 PHONE 2 -
 FAX -
 E-MAIL
 REMARKS

ROUTING

REMARKS:
 1. PLEASE use ICAO codes ONLY!
 2. In case of overflight, leave INBOUND-TO and OUTBOUND-FROM empty.

REMARKS:
 1. In case of CARGO-FLIGHT, enter the estimated weight and unit.
 2. If applicable please fill in the N# of PAX (estimate)

N#	INBOUND		OUTBOUND		OVER FLIGHT	REASON OF FLIGHT	PAX (EST)	IN CASE OF CARGO	
	FROM	TO (NAM AIRPORT)	FROM (NAM AIRPORT)	TO				CARGO WEIGHT (ESTIMATE)	UNIT
1					<input type="checkbox"/>	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> V <input type="checkbox"/> Z		<input type="radio"/> kg <input type="radio"/> lb	
2					<input type="checkbox"/>	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> V <input type="checkbox"/> Z		<input type="radio"/> kg <input type="radio"/> lb	
3					<input type="checkbox"/>	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> V <input type="checkbox"/> Z		<input type="radio"/> kg <input type="radio"/> lb	
4					<input type="checkbox"/>	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> V <input type="checkbox"/> Z		<input type="radio"/> kg <input type="radio"/> lb	
5					<input type="checkbox"/>	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> V <input type="checkbox"/> Z		<input type="radio"/> kg <input type="radio"/> lb	

FOR YOUR CONVENIENCE: ROUTES WILL BE APPROVED IN BOTH DIRECTIONS.

AIRCRAFT

1-5	N#	REG. MARK	M I L	ICAO DESIG	MTOW	UNIT	6-10	N#	REG. MARK	M I L	ICAO DESIG	MTOW	UNIT
		1		<input type="checkbox"/>				<input type="radio"/> kg <input type="radio"/> lb		6		<input type="checkbox"/>	
	2		<input type="checkbox"/>			<input type="radio"/> kg <input type="radio"/> lb		7		<input type="checkbox"/>			<input type="radio"/> kg <input type="radio"/> lb
	3		<input type="checkbox"/>			<input type="radio"/> kg <input type="radio"/> lb		8		<input type="checkbox"/>			<input type="radio"/> kg <input type="radio"/> lb
	4		<input type="checkbox"/>			<input type="radio"/> kg <input type="radio"/> lb		9		<input type="checkbox"/>			<input type="radio"/> kg <input type="radio"/> lb
	5		<input type="checkbox"/>			<input type="radio"/> kg <input type="radio"/> lb		10		<input type="checkbox"/>			<input type="radio"/> kg <input type="radio"/> lb

▲ ----- X = MILITARY REGISTRATION ----- ▲

PLEASE SEND OPERATOR
 AUTHORIZATION TO AGENT

PLACE DATE SIGNATURE