



Private Bag 12003 Windhoek Namibia | (Tel) +264 61 702 212 | Web: <http://www.dca.com.na>

APPLICATION FOR THE RENEWAL OF AN AUTHORITY TO FLY AN AMATEUR BUILT OR PRODUCTION BUILT AIRCRAFT

| | | | | | | |
|-----------|---|-------------------------|----------|---|----------|-------|
| 1. | PARTICULARS REGARDING THE APPLICANT | | | | | |
| | 1.1. Name of Organisation: | ..... |  |  |  |  |
| | 1.2. Trade name (if applicable): | ..... |  |  |  |  |
| | 1.3. Physical Address: | ..... ..... ..... |  |  |  |  |
| | 1.3.1. Postal code | ..... |  |  |  |  |
| | 1.4. Postal address | ..... ..... ..... |  |  |  |  |
| | 1.4.1. Postal code | ..... |  |  |  |  |
| | 1.5. Telephone number | ..... |  |  |  |  |
| | 1.6. Cell phone no. | ..... |  |  |  |  |
| | 1.7. Fax number | ..... |  |  |  |  |
| | 1.8. E-mail: | ..... |  |  |  |  |
| | 1.9. Name of organization or person who can be contacted for further information concerning this application: | | | | | |
| | 1.9.1. Name: | ..... |  |  |  |  |
| | 1.9.2. Position: | ..... |  |  |  |  |
| | 1.9.3. Postal address | ..... ..... ..... |  |  |  |  |
| | 1.9.4. Postal code | ..... |  |  |  |  |
| | 1.9.5. Telephone no. | ..... |  |  |  |  |
| | 1.9.6. Cell phone no. | ..... |  |  |  |  |
| | 1.9.7. Fax number | ..... |  |  |  |  |
| | 1.9.8. E-mail | ..... |  |  |  |  |
| 2. | AIRCRAFT DESCRIPTION | | | | | |
| | 2.1. Aircraft Registration Number: | V | 5 | - | U | ..... |
| | 2.2. Manufacturer: | ..... |  |  |  |  |
| | 2.3. Model: | ..... |  |  |  |  |

| | | | | | |
|--|--|------------------------------|--------------------------|--------------------------|--------------------------|
| 2.4. Serial number: | | | | | |
| 2.5. A copy of the latest three-view general arrangement drawing with main rigging and overall dimensions are attached. | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2.6. Engine manufacturer and model: | | | | | |
| 2.6.1.Engine Serial Number: | | | | | |
| 2.7. Propeller manufacturer and model: | | | | | |
| 2.7.1.Propeller Serial Number | | | | | |
| 3. | THE FOLLOWING DOCUMENTATION ARE ATTACHED: | | | | |
| 3.1. Proof of Payment | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | |
| 3.2. Annual Inspection Report | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | |
| 3.3. Third party Liability Insurance | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | |
| 4. | OPERATIONS | | | | |
| Private | <input type="checkbox"/> | Owner Training | <input type="checkbox"/> | Training | <input type="checkbox"/> |
| Other: | | | | | |
| 5. | COMPLIANCE WITH REQUIREMENTS | | | | |
| This is to certify that to the best of my (our) knowledge, all data contained in this application is correct and that the above-mentioned aircraft complies in all respects with the applicable requirements of the "Provisions" and any other requirements of which I/ we have been notified by the Executive Director, Namibia Civil Aviation Authority (NCAA). The aircraft has now flown a total of ___ hours and the logbook accurately reflects all the flying hours and maintenance history of the aircraft. I / we therefore apply for the aircraft to be issued with an Authority to Fly. | | | | | |
| | | | | | |
| SIGNATURE OF OWNER(S) / REPRESENTATIVE | | NAME IN BLOCK LETTERS | | DATE | |