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**APPLICATION FOR A PRIVATE PILOT LICENCE  
(Aeroplane, Helicopter, Powered-lift, Glider, Free Balloon, Airship)**

**NOTE:**

- 1) After completion this form must be submitted to the NCAA, together with the following:
  - a) Proof of holding or having held in the past 60 months, a valid student pilot or higher licence, foreign pilot licence, military pilot qualification or sporting pilot licence;
  - b) Valid radiotelephony operator certificate;
  - c) Results of practical flight test and theoretical knowledge examinations;
  - d) Logbook, properly summarised in accordance with NAMCATS 61 and certified;
  - e) Proof of payment of the licence fee as prescribed in Part 187 of the NAMCAR;
  - f) Valid medical certificate; and
  - g) Valid English Language Proficiency Certificate.
- 2) All skill test reports must be submitted within 90 days of completion of the skills test.

**PART 1: TO BE COMPLETED BY APPLICANT**

Surname <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		
NCAA Reference number OR License number							
Licence applied for:		PPL Aeroplane <input type="checkbox"/>		PPL Helicopter <input type="checkbox"/>		PPL Powered-lift <input type="checkbox"/>	
		Glider <input type="checkbox"/>		Free Balloon <input type="checkbox"/>		Airship <input type="checkbox"/>	
Ratings applied for:		Night <input type="checkbox"/>	IF <input type="checkbox"/>	Post Maintenance Test flight <input type="checkbox"/>	Tug <input type="checkbox"/>	Tow <input type="checkbox"/>	
		Agricultural <input type="checkbox"/>	Aerobatics <input type="checkbox"/>	Touring Glider <input type="checkbox"/>	Game/Livestock cull <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
<b>TOTALS</b>					
<b>GRAND TOTAL</b>					

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

Signature of Applicant		Date:	
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**PART 3: TO BE FILLED OUT BY INSTRUCTOR**

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:	
NCAA employee Name:		NCAA Supervisor Name:		Reason:				
Signature:		Signature:						