Personnel Licensing

Telephone number:	+264 83 235 2485	*Fax Number*	+264 (NA)
Physical address:	No.4 Rudolph Hertzog Street, Windhoek, NAMIBIA		
Postal address:	Private Bag X12003, Ausspannplatz, Windhoek, NAMIBIA	*E-mail*	licence-sos.pel@ncaa.com.na

ANNUAL REPORT OF TESTS PERFORMED

PART 1: TO BE COMPLETED BY DE			
Surname *(Block letters)*			
First names			
Identity/Passport Number		Date of birth	
Telephone Number		Mobile phone Number	
NCAA License number:		Email address	
Residential address		Postal address	

TEST DETAILS FOR YEAR											
Date of designation:		Annual report due		Report 1		Report 2		Report 3			
Test date:		Test candidate:		Purpose of test:		Position					
Test date:		Test candidate:		Purpose of test:		Position					
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Test date:		Test candidate:		Purpose of test:		Position					

I herewith certify that the information submitted to NCAA is correct.			
Signature of DE		Date:	

OFFICIAL USE ONLY								
Date: Report reviewed		Report:	Approved		Date:	Rejected		Date:
NCAA employee Name:		NCAA Supervisor Name:				Reason:		
Signature:		Signature:						