



Personnel Licensing

FSS PEL 67-06

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APPLICATION FOR THE EXTENSION OF A MEDICAL CERTIFICATE

NOTE:

1. After completion this form must be submitted to the NCAA, together with the following:
 - a. Certified copy of pilot license,
 - b. Certified copy of ID Document/Passport
 - c. Certified copy of valid Namibian medical certificate,
 - d. Proof of payment of medical certificate extension fee as prescribed in Part 187.

PART 1: TO BE COMPLETED BY APPLICANT

Type of Licence held:	Private Pilot	Commercial Pilot	Airline Transport Pilot
	Other(specify)		
Surname <i>(Block letters)</i>			
First names			
Gender <i>(check box)</i>	Male	Female	Nationality
Identity/Passport Number	Date of birth		
Residential address	Address in Namibia		
Telephone Number In Namibia	Mobile Number in Namibia		
Fax Number in Namibia	Email address		
Reason for Extension			
Signature of Applicant	Date:		

**PART 2: TO BE COMPLETED BY THE APPLICANT
MEDICAL CERTIFICATE DETAILS**

Pilots Licence number:	Expiry date:	Country of issue:
Medical Certificate number:	Issue date:	Expiry date:
Aviation Medical Examiner (AME) Name	AME Telephone Number:	AME Physical Address:
AME Email Address		
Restrictions or limitations on current medical certificate:		

Medical Class Applicable to Extension	Class 1	Class 2	Class 3
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OFFICIAL USE ONLY

Date Application Reviewed	Extension Approved	Start Date:	Expiry Date:
	Extension Rejected	Reason:	
NCAA Employee Name:	Signature:		
NCAA Supervisor Name:	Signature:		