



Private bag 12003 Windhoek Namibia | (Tel) +264 61 702080/1/3/6 | Email: aim@ncaa.na | Web: http://www.ncaa.com.na

APPLICATION FOR OVERFLIGHT AND LANDING AUTHORIZATION

OFFICIAL USE
APPLICATION RECEIVED

YEAR	MONTH	DAY
YYYY	MM	DD

REQUESTED DATES

FROM	YEAR	MONTH	DAY	UNTIL	YEAR	MONTH	DAY

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#	<input type="text"/>	IF AVAILABLE	<input type="text"/>	OPERATOR
OP CODE	<input type="text"/>	ICAO CODE	<input type="text"/>	
TITLE	<input type="text"/>			
COMPANY or NAME	<input type="text"/>			
FIRST NAME	<input type="text"/>			
ADDRESS	<input type="text"/>			
	<input type="text"/>			
STATE	<input type="text"/>			
ZIP	<input type="text"/>			
CITY	<input type="text"/>			
COUNTRY	<input type="text"/>			

OPERATOR CONTACT				
TITLE	<input type="text"/>			
NAME	<input type="text"/>			
	CTRY 1 CODE	AREA CODE	LOCAL NUMBER	EXT.
PHONE 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FAX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL	<input type="text"/>			
REMARKS (FL# ETC.)	<input type="text"/>			

AGENT OR ALTERNATE ADDRESS

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

ACC N#	<input type="text"/>	IF AVAILABLE	<input type="text"/>
TITLE	<input type="text"/>		
COMPANY or NAME	<input type="text"/>		
FIRST NAME	<input type="text"/>		
ADDRESS	<input type="text"/>		
	<input type="text"/>		
STATE	<input type="text"/>		
ZIP	<input type="text"/>		
CITY	<input type="text"/>		
COUNTRY	<input type="text"/>		

CONTACT				
TITLE	<input type="text"/>			
NAME	<input type="text"/>			
	CTRY 1 CODE	AREA CODE	LOCAL NUMBER	EXT.
PHONE 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FAX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL	<input type="text"/>			
REMARKS	<input type="text"/>			

ROUTING

FOP NUMBER:

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#	ROUTING				OVER FLIGHT	TYPE OF FLIGHT				Dangerous Goods	PAX (EST)	IN CASE OF CARGO	
						C	P	T				CARGO WEIGHT (ESTIMATE)	UNIT
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> kg	<input type="radio"/> lb
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> kg	<input type="radio"/> lb

FOR YOUR CONVENIENCE ROUTES WILL BE APPROVED IN BOTH DIRECTIONS

AIRCRAFT

N#	REG. MARK	ICAO DESIG	MTOW	UNIT
1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> kg <input type="radio"/> lb
2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> kg <input type="radio"/> lb
3	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> kg <input type="radio"/> lb
4	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> kg <input type="radio"/> lb
5	<input type="checkbox"/>	<input type="checkbox"/>		<input type="radio"/> kg <input type="radio"/> lb

PLEASE SEND	OPERATOR <input type="checkbox"/>
AUTHORIZATION TO	AGENT <input type="checkbox"/>

PLACE DATE SIGNATURE
CORRESPONDENCE MUST BE ADDRESSED TO THE EXECUTIVE DIRECTOR: NAMIBIA CIVIL AVIATION AUTHORITY