



**Personnel Licensing**

**FSS PEL 61-10**

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**APPLICATION FOR A SPECIAL RATING**  
(Use only when this application is made independently from licence application)

**NOTE:**

- After completion this form must be submitted to the NCAA, together with the following:
  - Proof of training received;
  - Results of the theoretical knowledge examination, where applicable;
  - Results of practical skill test, as applicable;
  - Notifications of competency, for tug and tow rating applications;
  - Logbook, properly summarised in accordance with NAMCATS 61 and certified by an instructor or designated examiner;
  - Application fee as prescribed in part 187.
- All skill tests required for special ratings must be submitted within 30 days of the completion of the test.

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

Special rating applied for: <i>(check correct box)</i>									
Night rating:	<input type="checkbox"/>	Tug rating:	<input type="checkbox"/>	Tow rating:	<input type="checkbox"/>	Agricultural rating:	<input type="checkbox"/>	Aerobatics rating:	<input type="checkbox"/>
H Sling load rating:	<input type="checkbox"/>	H Winching rating:	<input type="checkbox"/>	Touring Glider rating:	<input type="checkbox"/>	Game/Livestock cull:	<input type="checkbox"/>	Post-Maintenance Test F:	<input type="checkbox"/>
Test Pilot Gr I:	<input type="checkbox"/>	Test Pilot Gr II:	<input type="checkbox"/>						

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				
Type of license held:				NCAA License number				
Aircraft category:	Aeroplanes	<input type="checkbox"/>	Helicopters	<input type="checkbox"/>	Gliders	<input type="checkbox"/>	Powered-Lifts	<input type="checkbox"/>

**PART 2: TO BE COMPLETED BY THE APPLICANT**

EXPERIENCE											
Flying hours gained towards special rating: Total				Cross-country flying hours:			Total flying hours for past 12 months:				
In Simulator	In category 1	In category 2	In category 3	PIC		FO		PIC		FO	

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

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

I, the undersigned certify that the applicant:

- has undergone the training specified in the NAMCAR and has performed satisfactorily;
- passed the theoretical examination applicable to the rating, where applicable, and
- is competent and meets the prescribed requirements of the NAMCAR in respect of the rating applied for.

Name of Aviation Training Organisation OR Operator		Name of instructor <i>(Block letters)</i>	
Telephone		Licence number	
Email address		Signature of Instructor	
Date:		Grade (I/II)	

**OFFICIAL USE ONLY**

Date: Application reviewed		Application	Approved	<input type="checkbox"/>	Date:		Rejected	<input type="checkbox"/>	Date:		
NCAA employee Name:		NCAA Supervisor Name:						Reason:			
Signature:		Signature:									