Personnel Licensing

FSS PEL G10a

Telephone number:	+264 83 235 2485	*Fax Number:*	+264 TBA
Physical address:	No.4 Rudolph Hertzog Street, Windhoek, NAMIBIA		
Postal address:	Private Bag X12003, Ausspannplatz, Windhoek, NAMIBIA	*E-mail*	examinations@ncaa.na

THEORETICAL KNOWLEDGE EXAMINATION APPLICATION FORM

NOTE:

1. After completion this form must be submitted to the NCAA together with:
   a. Copy of the NCAA Licence
   b. Proof of the payment of the prescribed examination fee.

Surname (Block letters)						
First names						
Gender *(check box)*	Male		Female		Nationality	
Identity/Passport Number					Date of birth	
Residential address					Postal address	
Telephone Number					Mobile phone Number	
Fax Number					Email address	
Licence Number					Expiry Date	
Examination Centre						

ACRONYMS: A – Aeroplane, H – Helicopter, PL – Powered Lift, G – Glider, FB – Free Balloon, AS – Airship, RPL – Recreational Pilot Licence

NOTE: FOR VALIDATIONS AND CONVERSIONS REFER TO APPLICABLE NAMCAR, AND TICK RELEVANT EXAMINATION SUBJECTS BELOW (Boxes shaded Green are required for Conversions and Validations only)

Examination Subject	Applicable Licence Categories																Preferred Exam Date		
		PPL						CPL						ATPL					
	RPL	A	H	PL	G	FB	AS	A	H	PL	G	FB	AS	A	H	PL	Date	0845	1345
Air Law																			
Aircraft General Knowledge																			
Aircraft Technical General																			
Flight Performance & Planning																			
Human Performance & Limitations																			
Instruments and Electronics																			
Aviation Meteorology																			
General Navigation																			
Principles of Flight																			
Radio Aids & Communication																			
Restricted Radiotelephony																			
General Radiotelephony																			
Night Rating																			
Ops Procedures (Instrument Rating)																			
Instructors Rating																			

I herewith certify that the information submitted to the NCAA is correct and that I meet the requirements for sitting for the examination/s selected above. I will report to the examination centre at least 15 minutes before the scheduled time of commencement. Failure to comply will result in me forfeiting my booking and exam fee

Signature of Applicant:		**Date:**	

OFFICIAL USE ONLY

Date Application Reviewed:		Approved		Date:	Rejected		Date:
NCAA Employee Name:		NCAA Supervisor's Name:			Reason:		
Signature:		Signature:					