Personnel Licensing

FSS PEL 65-11

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*	licensing@ncaa.na

NOTIFICATION OF ANNUAL CURRENCY, PROFICIENCY AND VALIDATION OF ATS RATING/S

1. After completion this form must be submitted to the NCAA together with the following:
   a. valid Class 3 medical certificate for ATS personnel

PART 1: TO BE COMPLETED BY APPLICANT

Surname *(Block letters)*			
First names		Second Name	
Identity/Passport Number		NCAA License number	
Telephone Number		Mobile phone Number	
Name of employer:		Email address	
Position employed:			
Postal Address			
Residential Address			

Aviation Medical certificate attached (currency)	Yes		No		Restrictions	Yes		No		Temporarily unfit	Yes		No	
Restrictions / Temporarily unfit explanation														
Notification of:	Annual currency				Initial Validation			Re-Validation						

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

Signature of Applicant		Date:	

PART 2: TO BE COMPLETED BY VALIDATION EXAMINER

CERTIFICATE OF COMPETENCY

I hereby certify that the applicant has satisfactorily met the rating/proficiency/re-validation competency assessment as prescribed in the NAMCAR 65 for the validation/re-validation of the following rating/s: (*please check box*).

Select Rating type		**ATSU**	**Position N/S**	**Date:** (dd/mm/yyyy)
ATSA without FIS Endorsement				
ATSA with FIS Endorsement				
Aerodrome control (AD)				
Approach Control Procedural (APP)				
Approach Control Surveillance (APP-S)				
Area control Procedural (ARC)				
Area control Surveillance ARC-S				
Instructor Rating (Operational)				

DECLARATION

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

Examiner Name		NCAA Licence Number	
Signature Examiner:		Date:	

OFFICIAL USE ONLY

Date: Application reviewed		Application	Approved		Date:	Rejected		Date:
NCAA Inspector Name:		NCAA Supervisor Name:				Reason:		
Signature:		Signature:						