Personnel Licensing

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

FSS PEL 67-07

APPLICATION FOR THE REPLACEMENT 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						
Surname *(Block letters)*						
First Names						
Gender *(check box)*	Male		Female		Nationality	
Identity/Passport Number					Date of birth	
Residential address					Address in Namibia	
Telephone Number					Mobile Number	
Fax Number					Email address	
Reason for Replacement						
Signature of Applicant					Date:	

PART 2: TO BE COMPLETED BY THE APPLICANT						
MEDICAL CERTICATE DETAILS						
Pilots Licence number:			Expiry date:		Country of issue:	
Medical Certificate number:			Issue date:		Expiry date:	
Medical Class	Class 1		Class 2		Class 3	
Aviation Medical Examiner (AME) Name			AME Telephone Number:			
AME Physical Address						
AME Email Address						

Restrictions or limitations on current medical certificate:

OFFICIAL USE ONLY					
Date Application Reviewed		Replacement Approved		Start Date:	Expiry Date:
		Replacement Rejected		Reason:	
NCAA Employee Name:		Signature:			
NCAA Supervisor Name:		Signature			