



Personnel Licensing

FSS PEL 61-05

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PRE-APPROVAL APPLICATION FOR THE CONVERSION OF A FOREIGN PILOT LICENSE

NOTE:

- After completion this form must be submitted to the NCAA, together with the following:
 - Original or certified copy of foreign pilot license,
 - Original or certified copy of radiotelephony operator certificate;
 - Original or certified copy of logbook, properly summarised and certified by instructor;
 - Original or certified copy of valid medical certificate.

PART 1: TO BE COMPLETED BY APPLICANT

Type of conversion applied for:	Private Pilot License	Commercial Pilot License	Airline Transport Pilot License
Ratings applied for:	Instrument Rating	Instructor rating Gr I	Instructor rating Gr II
	Instructor Rating Gr III	Night Rating	Other:
Surname (Mr/Mrs/Miss) (Block letters)			
First names			
Gender (check box)	Male	Female	Nationality
Identity/Passport Number			Date of birth
Residential address	Address in Namibia		
Telephone Number In Namibia			Cellphone Number in Namibia
Fax Number in Namibia			Email address
Namibian validation held:	Yes	No	Total period for which validation was held: From: To:
Signature of Applicant			Date:

PART 2: TO BE COMPLETED BY THE APPLICANT

FOREIGN LICENSE DETAILS

Type of license held:	Expiry date:	Country of Issue
Ratings held:	Instrument Rating	Instructor Gr: I II III Other:
List other special ratings held:		
List aircraft types flown:		
Medical certificate	Class 1 2 4 n/a	Valid until:

PART 3: TO BE COMPLETED BY APPLICANT

EXPERIENCE

Instrument flying hours:	Cross-country flying hours:	Total flying hours for:
On aircraft In Simulator	By Day By Night	Last 6 months Last 12 months
		PIC FO PIC FO
Instructional hours	Hours on type(s) to be flown in Namibia during last 12 months:	
On aircraft In Simulator By Day By Night	Type:	Type:
	PIC FO	PIC FO
Hours flown in Namibia on V5 registrations	Total	PIC FO PICUS Instructor

PART 4: TO BE FILLED OUT BY PERSONNEL LICENSING SUBDIVISION

REQUIREMENTS FOR CONVERSION

Agreement between NCAA and Country of Issue	Yes	Conditions of Agreement:	No	Country Standards verified:	Yes	No
Theoretical knowledge examinations required:						
Practical flight tests required:						
Training required:						
Medical examinations required:						
Additional experience (hours) required:						

OFFICIAL USE ONLY

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