



REPUBLIC OF NAMIBIA

PERSONAL LICENSING MANUAL

APPENDIX B(7)

APPLICATION FOR VALIDATION OF FLIGHT CREW LICENCE AN/OR RATING

Name:.....
(Surname) (First Names)

Date of Birth:.....Place of Birth:.....Nationality:.....

Address (Overseas):.....

Address (Namibia):.....

Note – Persons to whom a Validation is granted must ensure that any change of address is notified immediately to the Director, Directorate: Civil Aviation, Private Bag 12003, NAMIBIA.
This application must be supported by the licence or licences for which validation is sought, and flight crew log books.

Expected duration of stay in Namibia:.....

Statement by Applicant:

I hereby make application for the validation of the enclosed licence(s)/rating(s) issued by:

Licence	Number	Expiry Date	Endorsements, etc.

Ratings (Aircraft/Radio)

.....

I am aware that I may not as a flight crew member, exercise privileges other than the privileges authorized by my licence which may be limited by the Director, Directorate of Civil Aviation (Namibia)

Signature of Applicant:.....

Date:.....

FOR OFFICIAL USE ONLY

Licence/Rating	Meets requirements	Date	Remarks

Fee Paid Yes No Examinations Passed Failed

Receipt No:..... (i) Recommend for Validation.....
(ii) Approved.....