



APPLICATION FOR OVERFLIGHT AND LANDING AUTHORIZATION

OFFICIAL USE
 APPLICATION RECEIVED YEAR MONTH DAY
 Y Y Y Y M M D D

REQUESTED DATES

FROM YEAR MONTH DAY UNTIL YEAR MONTH DAY
 Y Y Y Y M M D D Y Y Y Y M M D D

REMARKS: To allow for any delays caused by operational, technical, meteorological or any other unforeseeable reasons allow for additional days. In case of more than 28 days, please allow up to 7 days before approval.

OPERATOR ADDRESS >>> <<< THIS IS THE BILLING ADDRESS

ACC N#	IF AVAILABLE	OPERATOR	OPERATOR CONTACT		
OP CODE	ICAO CODE		TITLE		
TITLE			NAME		
COMPANY or NAME			CTRY CODE	AREA CODE	LOCAL NUMBER
FIRST NAME			PHONE 1		EXT.
ADDRESS			PHONE 2		
			FAX		
STATE			E-MAIL		
ZIP			REMARKS (FL# ETC.)		
CITY					
COUNTRY					

AGENT OR ALTERNATE ADDRESS >>> <<< OR THIS IS THE BILLING ADDRESS

ACC N#	IF AVAILABLE	CONTACT		
TITLE		TITLE		
COMPANY or NAME		NAME		
FIRST NAME		CTRY CODE	AREA CODE	LOCAL NUMBER
ADDRESS		PHONE 1		EXT.
		PHONE 2		
STATE		FAX		
ZIP		E-MAIL		
CITY		REMARKS		
COUNTRY				

ROUTING

REMARKS: 1. PLEASE use ICAO codes ONLY!
 2. Indicate complete route from departure aerodrome to destination.

REMARKS: 1. In case of CARGO-FLIGHT, enter the estimated weight and unit.
 2. If applicable please fill in the N# of PAX (estimate)

N#	ROUTING				OVER FLIGHT	REASON OF FLIGHT	B-BUSINESS C-CARGO H-HOLIDAY V-VIP Z-OTHER	PAX (EST)	IN CASE OF CARGO	
									CARGO WEIGHT (ESTIMATE)	UNIT
1					<input type="checkbox"/>	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> V <input type="checkbox"/> Z			<input type="radio"/> kg <input type="radio"/> lb	
2					<input type="checkbox"/>	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> V <input type="checkbox"/> Z			<input type="radio"/> kg <input type="radio"/> lb	
3					<input type="checkbox"/>	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> V <input type="checkbox"/> Z			<input type="radio"/> kg <input type="radio"/> lb	
4					<input type="checkbox"/>	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> V <input type="checkbox"/> Z			<input type="radio"/> kg <input type="radio"/> lb	
5					<input type="checkbox"/>	<input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> V <input type="checkbox"/> Z			<input type="radio"/> kg <input type="radio"/> lb	

FOR YOUR CONVENIENCE: ROUTES WILL BE APPROVED IN BOTH DIRECTIONS.

AIRCRAFT

	N#	REG. MARK	ICAO DESIG	MTOW	UNIT
1-5	1				<input type="radio"/> kg <input type="radio"/> lb
	2				<input type="radio"/> kg <input type="radio"/> lb
	3				<input type="radio"/> kg <input type="radio"/> lb
	4				<input type="radio"/> kg <input type="radio"/> lb
	5				<input type="radio"/> kg <input type="radio"/> lb

PLEASE SEND AUTHORIZATION TO OPERATOR AGENT

PLACE DATE SIGNATURE

CORRESPONDENCE MUST BE ADDRESSED TO THE EXECUTIVE DIRECTOR: NAMIBIA CIVIL AVIATION AUTHORITY