Telephone number:	+264 83 235 2485	*Fax Number:*	TBA
Physical address:	No.4 Rudolph Hertzog Street, Windhoek, NAMIBIA		
Postal address:	Private Bag X12003, Ausspannplatz, Windhoek, NAMIBIA	*E-mail*	licensing@ncaa.na

DESIGNATED EXAMINER'S ANNUAL REPORT OF TESTS PERFORMED

PART 1: TO BE COMPLETED BY THE DE			
Surname (Mr/Mrs/Miss) *(Block letters)*		First names	
Identity/Passport Number		Date of birth	
Telephone Number		Mobile phone Number	
NCAA License number		Email address	
DE Designation No.		Designation Date	
Residential address		Postal address	

TESTING DETAILS FOR YEAR OF REPORT								
Annual Report For:	Year 1		Year 2		Year 3			
Test date:		Test candidate:		Purpose of test:		Aircraft/FSTD registration:		
Test date:		Test candidate:		Purpose of test:		Aircraft/FSTD registration:		
Test date:		Test candidate:		Purpose of test:		Aircraft/FSTD registration:		
Test date:		Test candidate:		Purpose of test:		Aircraft/FSTD registration:		
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Test date:		Test candidate:		Purpose of test:		Aircraft/FSTD registration:		
Test date:		Test candidate:		Purpose of test:		Aircraft/FSTD registration:		

I herewith certify that the information submitted to NCAA is correct.			
Signature of DE		Date:	

OFFICIAL USE ONLY						
Date Report reviewed		Report:	Approval date:		Rejection date:	
NCAA employee Name:		NCAA Supervisor Name:			Reason:	
Signature:		Signature:				