



Private Bag 12003 Windhoek Namibia | (Tel) +264 61 702 212 | Web: http://www.dca.com.na

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  
 OP CODE ICAO CODE  
 TITLE  
 COMPANY or NAME  
 FIRST NAME  
 ADDRESS  
 STATE  
 ZIP  
 CITY  
 COUNTRY

OPERATOR CONTACT  
 TITLE  
 NAME  
 CTRY CODE AREA CODE LOCAL NUMBER EXT.  
 PHONE 1  
 PHONE 2  
 FAX  
 E-MAIL  
 REMARKS (FL# ETC.)

**AGENT OR ALTERNATE ADDRESS**

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

ACC N# IF AVAILABLE  
 TITLE  
 COMPANY or NAME  
 FIRST NAME  
 ADDRESS  
 STATE  
 ZIP  
 CITY  
 COUNTRY

CONTACT  
 TITLE  
 NAME  
 CTRY CODE AREA CODE LOCAL NUMBER EXT.  
 PHONE 1  
 PHONE 2  
 FAX  
 E-MAIL  
 REMARKS

**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 OPERATOR   
 AUTHORIZATION TO AGENT

PLACE DATE SIGNATURE

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