



CRAN

Communications Regulatory Authority of Namibia

RADIOTELEPHONE OPERATOR CERTIFICATE APPLICATION FORM

MARITIME

(Attach certified proof of GMDSS Radio course completion issued by authentic examining institution.
For renewals attach copy of previous ROC issued.)

PLEASE FILL IN BLOCK LETTERS

1. FULL NAMES: (Surname and names) _____
(Attach certified copy of ID/Passport: Attach 2x passport photos)
2. LICENSECATEGORY _____
(Indicate if restricted or general)
3. HEIGHT: _____
4. COLOR OF EYES: _____
5. COUNTRY OF BIRTH: _____
6. DATE OF BIRTH: _____
7. GENDER: _____
8. ID/PASSPORT NO: _____
9. POSTAL ADDRESS: _____
10. CONTACT TEL./CELL NO: _____
11. E-MAIL ADDRESS: _____
12. FAX NO: _____

APPLICANTS SIGNATURE

DATE

Warranting that the information provided herein is true and correct. Undertaking to abide by the conditions of issue of the certificate in terms of the relevant legislation.

ACKNOWLEDGEMENT OF RECEIPT BY CRAN		FOR OFFICIAL USE	
Name:		Processed By:	
Date:		ROC Number:	
Signature:		Date:	
FEE PAYMENT N\$ 112-00	Receipt no:	Signature:	

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