

# BPA AUTHORISED PARACHUTE PILOT - RENEWAL

## Part 1 PILOT DETAILS (Please print)

Name: \_\_\_\_\_

BPA No (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

BPA Pilot No: \_\_\_\_\_

\_\_\_\_\_

Pilot Examiner No (if applicable): \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Tele No(s): \_\_\_\_\_

e-mail: \_\_\_\_\_

Type(s) Authorised: \_\_\_\_\_

Changes in licences/ratings since Application/last renewal: \_\_\_\_\_

I, the above named confirm that I have read the current BPA Operations Manual, In particular the Flying Section, have understood it and agree to abide by its conditions.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*(Note - You may not apply for a renewal if your existing Authorisation has expired by more than two years)*

## Part 2 RECOMMENDATION BY CHIEF PILOT (CP) or BPA PILOT EXAMINER

I certify that the above named BPA Pilot has undergone a BPA proficiency check within the previous 12 months. I further certify that his/her licences, medical certificate and log books have been checked and are valid.

The above named is recommended for the renewal of his/her BPA Parachute Pilots Authorisation.

Name (print): \_\_\_\_\_

BPA No: \_\_\_\_\_

Signature: \_\_\_\_\_

CP (Pilot No.)/BPA Pilot Examiner\* No: \_\_\_\_\_

## Part 3 RECOMMENDATION BY CHIEF INSTRUCTOR

I, certify that the above named BPA Pilot is current on parachute dropping techniques, emergency procedures and relevant BPA Operations Manual requirements and is recommended for renewal of his/her BPA Pilot Authorisation.

Name (print): \_\_\_\_\_

BPA No: \_\_\_\_\_

Signature: \_\_\_\_\_ Parachute Training Organisation: \_\_\_\_\_

\*Delete as necessary

**P.T.O.**

