

**JUMP NUMBER AND FREE FALL TIME AWARDS APPLICATION**

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

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

BPA Number \_\_\_\_\_ BPA Licence/FAI Certificate Number \_\_\_\_\_

\* **Jump Awards**    1,000  2,000  3,000  4,000  5,000  Other: every 1,000 jumps: \_\_\_\_\_

\* **Free Fall Awards**    12 Hrs  24 Hrs  36 Hrs  48 Hrs  60 Hrs  Other: every 12 hours: \_\_\_\_\_

\* (Please tick appropriate box, or state number of jumps (multiples of 1,000) or number of hours (multiples of 12))

List below which award being applied for, giving details and location.  
List each award separately if applying for more than one.

AWARD	DATE	LOCATION

**TO BE COMPLETED BY BPA INSTRUCTORS**

I certify that the information supplied above is current and the applicant is eligible for the award(s) applied for.

INSTRUCTORS NAME (PRINT) \_\_\_\_\_ BPA Number \_\_\_\_\_

Signed \_\_\_\_\_ BPA Licence/FAI Certificate Number \_\_\_\_\_

The Award(s) applied for are to be: \*Sent by Post/Presented at the BPA AGM (5000 jump/60 hours or above only).

\*Delete as applicable

**(THERE IS NO CHARGE FOR ANY OF THE AWARDS)**