

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 6,000

* **Free Fall Awards** 12 Hrs 24 Hrs 36 Hrs 48 Hrs 60 Hrs 72 Hrs

* (Please tick appropriate box)

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)