

**BRITISH PARACHUTE ASSOCIATION**

5 Wharf Way, Glen Parva, Leicester. LE2 9TF. Tel: 0116 278 5271. Fax: 0116 247 7662

**REGISTRATION OF BASIC RIGGER FOR ASSESSMENT TRAINING**

**Requirements to register as a Method 2 Basic Rigger**

- 1. Must be a full BPA Member
- 2. Must have a BPA Advanced Packer qualification grade S
- 3. Must enclose a written recommendation from a CCI or Advanced Rigger who has known the candidate for a minimum of six months.

Candidates Name \_\_\_\_\_

Address \_\_\_\_\_

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

BPA Number \_\_\_\_\_

**SUPERVISING RIGGER** (Must be at least a Parachute Rigger (PR) who has held his/her rating for at least two years)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree to supervise training of the above candidate and will be responsible for inspecting their rigging work throughout the training period.

Signed \_\_\_\_\_

BPA/Riggers No \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Issued \_\_\_\_\_

Valid Until \_\_\_\_\_

Authorised by \_\_\_\_\_

Rating Issued \_\_\_\_\_