



AUSTRALIAN PARACHUTE FEDERATION JPA RENEWAL FORM

J2

V4-201506

CANDIDATE INFORMATION	
Candidate Name:	DOB:
Full Postal Address:	ARN:
	Post Code:
Email:	Mobile:
Licence Type: PPL <input type="checkbox"/> CPL <input type="checkbox"/> ATPL <input type="checkbox"/> Instrument rating <input type="checkbox"/>	
Pilot Medical: Class 1 <input type="checkbox"/> or Class 2 <input type="checkbox"/> and expires: / /	

For 3 a) & b), the examiner must be the C1, Senior Pilot or an approved JPA Examiner. For 3 c), the examiner must be an approved JPA Examiner. If the candidate is also the Senior Pilot, he/she is not entitled to act as examiner.

STATEMENT BY EXAMINER (Initial each statement if correct, and sign below)

Examiner (Print name)

1. I confirm the applicant has *either*: (Examiner circle either a or b & initial that choice):

a) Successfully completed a Biannual Flight Review within the preceding two years; **or**

b) Obtained a Command Instrument Rating (Aeroplane) or renewal of the Rating, dated: (Examiner add Rating's date here:) / / **or**

2. I confirm the applicant holds a valid pilot's medical.

3. (Examiner circle option a or b or c, then initial opposite that choice only)

Circle only one: a or b or c

a) I confirm the applicant has completed a minimum of 10 hours conducting parachuting operations within the previous 12 months and consider him/her current and competent to continue to hold the Jump Pilot Authorisation; **or**

b) The candidate has not completed a minimum of 10 hours conducting parachuting operations within the previous 12 months and I have therefore had the candidate complete the JPA written assessment and included it with this application; **or**

c) The candidate has not completed the minimum 10 hours conducting parachuting operations within the previous 12 months and did not exhibit the required competence and as such has undergone re-training by an APF approved examiner. A copy of the written assessment booklet with the signatory of the approved examiner is included with this application.

4. I confirm the applicant understands that this renewal is conditional upon him/her being a **current APF member** (Jump Pilot Associate Membership, or full APF membership)

5. I recommend the renewal of the applicant's Jump Pilot Authorisation.

Signature Date/...../.....

Candidate (Print name) Date/...../.....

Signature Club Affiliation:

PAYMENT DETAILS: Annual FEE \$22.00 (incl. GST) Post, email or fax this form to the APF National Office.

MasterCard Visa Cheque Money Order Free for Life Members

..... Expiry date:

Name on Card: Amount approved:

It is the responsibility of the Jump Pilot to maintain all his/her CASA Flight Crew Licencing requirements.