APPLICATION FOR PARACHUTE TRAINING ORGANISATION (PTO) RE-AFFILIATION TO BRITISH SKYDIVING

This form must be completed and returned to British Skydiving HQ immediately on the change below becoming known to the PTO (see condition 7, page iii)

NAME OF CURRENTLY AFFILIATED PTO

In accordance with the Conditions of Affiliation as a British Skydiving PTO (see page iii), I/we hereby apply for Re-affiliation to the British Skydiving as a result of the following:

☐ 1. Change of Operator*
   Date of change

☐ 2. Change of Dropping Zone(s)*
   Date of change

☐ 3. Change of Key Personnel*. State 'new' or 'no longer involved' against each name
   (continue on a separate sheet if necessary)

☐ 4. Change of Operator (cont.)
   Date of change

☐ 5. Change of Dropping Zone(s) (cont.)
   Date of change

☐ 6. Change of Key Personnel (cont.)
   Date of change

* Tick the appropriate box and complete only the correspondingly numbered section/s that follow.

Note: Re-Affiliation is not required for a change of Chief Instructor (CI) or Chief Pilot (CP). However, both the British Skydiving and CAA require 7 days notice of any such change.

1. NEW OR UPDATED DETAILS OF OPERATOR

Legal status of operator (limited company, constitutional club, unincorporated association, etc)__________

If the operator is a limited company, state the place of registration and company registration number:

________________________

VAT registration number (if applicable)________________________

PTO name (trading name)________________________

Address:________________________

Postcode________________________

Web-site address:________________________

Telephone No(s):________________________ day

________________________ evening

________________________ alternate

e-mail:________________________
2. NEW DROPPING ZONE(S)

State whether a change of or an additional Dropping Zone

Location OS (1:50,000) Sheet No. Grid ref.

DZ Address: __________________________ Postcode __________________________

DZ Telephone No __________________________

3. NEW KEY PERSONNEL

Number of Directors/Proprietors/Owners: _________. Please give details of all new key personnel below.

New Managing Director/Controlling Operator/Commandant/Proprietor/Owner:

Unless otherwise requested, British Skydiving’s correspondence to the ‘Drop Zone Operator (DZO)’ will normally be addressed to this person, as the individual with overall control of, and responsibility for, the operation of the Affiliated PTO.

Name: __________________________

Address: __________________________ Post code: __________________________

Web-site address: __________________________ British Skydiving Membership no: __________________________

Telephone No(s): __________________________ day
                        __________________________ evening __________________________ mobile

Other New Director(s) / Proprietor(s) / Owner(s)

Name: __________________________

Specific role or function within the operation (if any): __________________________

Address: __________________________ Post code: __________________________

Web-site address: __________________________ British Skydiving Membership no: __________________________

Telephone No(s): __________________________ day
                        __________________________ evening __________________________ mobile

If there is more than one other new Director/Proprietor/Owner, please continue below or on a separate sheet and attach it to this application.

The names of any previous Directors/Proprietors/Owners who are no longer involved must be listed under box 4 on page ii.
OPERATOR’S AGREEMENT

CONDITIONS OF AFFILIATION AS A BRITISH SKYDIVING PARACHUTE TRAINING ORGANISATION (PTO)

1 a) To be eligible for Affiliation as a British Skydiving PTO, all persons jumping/training at applicant’s PTO must be Members of British Skydiving in good standing.

b) British Skydiving PTOs will conduct skydiving operations in accordance with the requirements of the British Skydiving Operations Manual.

c) British Skydiving PTOs will have in place an adequate Safety Management System (SMS).

d) It is required that all British Skydiving Members at PTOs and the PTOs themselves be covered by British Skydiving third party liability insurance.

e) British Skydiving Affiliation requires the completion and formal approval by the Council of an Affiliation Application Form and thereafter an Annual Return/Re-Affiliation Form.

2 Chief Instructors (who are Advanced Instructors) of all Affiliated PTOs will automatically become members of the Safety and Training Committee.

3 The British Skydiving Council reserves the right to strike off its roll of Affiliated PTOs those which disband, become insolvent or otherwise ineffective, or fail to comply with any of the conditions as stated in Paragraph 1 above.

4 The names of Affiliated PTOs will normally be published, together with their addresses and other contact details, in each issue of British Skydiving’s official magazine, 'Skydive the Mag', which is published six times a year. Details are also included on the British Skydiving website: www.britishskydiving.org

5 All British Skydiving Student Provisional Membership Subscriptions must be remitted to the British Skydiving HQ under the conditions laid down from time to time by the British Skydiving Council.

6 Any change to the original affiliation application (i.e. change of Key Personnel/Drop Zone/ Legal status, etc) will require the PTO to complete and return an application for Re-Affiliation (Form 135), which must meet the requirements of the Council. PTO’s continuing affiliation will not be prejudiced by any such change pending the next Council meeting providing they have completed and returned Form 135 to the British Skydiving HQ immediately upon such change becoming known to the PTO.

8 Requirements for Affiliation of a new British Skydiving PTOs are set out on Form 148.

DECLARATION

For and on behalf of the above-named operator, I, as the person in control, hereby apply for British Skydiving Parachute Training Organisation (PTO) Re-Affiliation. I accept and agree to abide by the conditions set out above for the Affiliation of my organisation as a British Skydiving PTO.

Name of PTO

Signature:

Name (block capitals)

Position:

Date: _____________________________  * Delete as applicable

If there is more than one person in control, such as in a partnership, each must sign a copy of this declaration.