

British Skydiving
5 Wharf Way, Glen Parva
Leicester, LE2 9TF
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britishskydiving.org

CHIEF PILOT APPLICATION

Part 1 PILOT'S DETAILS (Print Details)

Name		Licence Type
Address		Licence No
		Ratings and Differences Training, including IMC and/or IR rating:
	Post Code:	
Date of Birth		
Telephone Number(s)		e-mail:
British Skydiving Number (if applicable)		CAA EXAMINER QUALIFICATIONS HELD
British Skydiving Pilot Authorisation Number		CRE IRE SEP MEP
Total hours skydiver flying		TYPES (for types not covered by SEP or MEP):
Total hours as Pilot	in Command	
Date Chief Pilot wri	tten examination successfully completed	
I, the above named	confirm that the information above is correct and that	I am familiar with current British Skydiving requirements concerning skydiver flying.
Signed		Date
British Skydiving Li		British Skydiving Membership No: Fraining Organisation (PTO): Date:
Part 3 BRITIS	H SKYDIVING PILOT EXAMINER RECOMMENDATI	<u>on</u>
I certify that the abo	ove-named British Skydiving Authorised Skydiving Pilo	ot is qualified to be a British Skydiving Club Chief Pilot and is aware of the responsibilities
Name (BLOCK CAPITALS)		PTO
British Skydiving Number (if applicable) British Skydiving Pilot New		diving Pilot No British Skydiving Pilot Examiner No
Signature		Date
CHIEF PILOT REC	QUIREMENTS	
To become a Britisl	h Skydiving Chief Pilot the applicant must meet the foll	lowing minimum requirements:
b) Have a c) Have be d) Have 10	rrent British Skydiving Authorised Pilot. recommendation of a CI and a Pilot Examiner. een a British Skydiving Authorised Pilot for at least 1 y 00 hours skydiver flying. sfully completed a Chief Pilot written examination adm	
DATA PROTECTION:	in compliance with the Privacy and Electronic Con	I the personal data provided in this application and all its communications nmunication Regulation and the General Data Protection Regulation (GDPR). A copy of our at www.britishskydiving.org for full data subject rights and our responsibilities.
OFFICE USE	Chief Pilot Written Examination to be attached to t	this form.

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