



**British Skydiving**  
 5 Wharf Way, Glen Parva  
 Leicester, LE2 9TF  
**0116 278 5271**  
[info@britishskydiving.org](mailto:info@britishskydiving.org)  
[britishskydiving.org](http://britishskydiving.org)

## BRITISH SKYDIVING AUTHORISED BALLOON PILOT APPLICATION/RENEWAL/ADDITION

**Part 1 PILOT'S DETAILS (Please print)**

Name: _____	Licence Type: _____
Address: _____	Licence No: _____
_____	Ratings (Any other ratings): _____
_____ Post Code: _____	_____
Tele No(s): _____	_____
E-mail: _____	BBAC Membership No: _____
Total Balloon Flying Hours: _____	British Skydiving No (if applicable): _____
Type(s)/Additional type(s) required: _____	Hours on Type(s): _____

I, the above named, confirm that I have read the British Skydiving Operations Manual, in particular the Flying Section (Section 9), I have understood it and agree to abide by its conditions.

Pilot's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2 RECOMMENDATION**

This can only be signed by:

- either a) A British Skydiving Category System Instructor or Team Leader, who has previously made a balloon jump.
- or b) A Balloon Pilot who has already dispatched 2 or more skydivers from a balloon.

I confirm that I have given the above-named balloon pilot ground instruction on current skydiver dropping techniques and emergency procedures. I also confirm that they have read and understood the guidelines contained in Form 109A. I consider them to be suitable for an Authorisation to drop skydivers and confirm that the details above are correct. I have checked their logbook(s), licence and medical certificate and certify that all are valid.

Signature: _____	Name (Please print): _____
Qualification: _____	British Skydiving or BBAC No: _____
Date: _____	<b>P.T.O.</b>

**FOR OFFICE USE ONLY**

Date Authorisation/Renewal issued: _____	Authorised by: _____
Balloon types authorised: _____	
British Skydiving Pilot No: _____	British Skydiving No (if applicable) _____ Valid until: _____

