



British Skydiving
 5 Wharf Way, Glen Parva
 Leicester, LE2 9TF
 0116 278 5271
info@britishskydiving.org
britishskydiving.org

REGISTRATION OF BASIC RIGGER FOR ASSESSMENT TRAINING

Requirements to register as a Method 2 Basic Rigger

These are listed in the British Skydiving Operations Manual, Section 14 (Rigging), Paragraph 2 (Basic Rigger),

Candidates Name _____

Address _____

_____ Post Code _____

British Skydiving Membership Number _____

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

Name _____

Address _____

_____ Post Code _____

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

Signed _____

British Skydiving Rigger No _____

Date _____

FOR OFFICE USE ONLY

Date Issued _____

Valid Until _____

Authorised by _____

Rating Issued _____

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