

TESTING & MODIFICATION CERTIFICATION FORM

I, the undersigned, hereby certify that I have complied with the following Rigging Innovations testing and modification procedures. In addition I have performed the work in accordance with all accepted standards of workmanship and good rigging practice.

Name: _____ (Print or Type)

Signature: _____ License #: _____

FIELD PILOTCHUTE SPRING TEST - TP-19F001

DATE	SKYHOOK S/N	PASS/FAIL	TENSION
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PRODUCT MODIFICATION PROCEDURE #1213

DATE	SKYHOOK S/N	SPRING STK #	H/C S/N
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This form must be filled out and returned to Rigging Innovations in a timely manner. If this a one off occurrence, return immediately after compliance. If several Skyhooks are being tested and/or modified, the form may be filled out in total and then returned. It is important that you as the rigger assist us in complying with all aspects of the Service Bulletin.

RETURN TO:

**RIGGING INNOVATIONS INC.
P O BOX 86
ELOY AZ 85231
FAX: 520-466-2656**