



AUSTRALIAN PARACHUTE FEDERATION

C2

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APPLICATION FOR CERTIFICATE CLASS F

Name

Date of Birth/...../..... APF No

I have made at least 1,000 freefall jumps

I have made at least one jump at night, shown in my log as jump number:

I either:

Hold a Display Pro rating *: (insert rating number)...

or

Have made at least 20 consecutively nominated jumps with witnessed verified landings within either 5m of the target centre or within a 15 x 2m runway. The 20 jump numbers are as below in this log of accuracy performance required for a Certificate Class F application. Be prepared to provide your log book(s) or a copy of your log book entries upon request.

** If you already have a Display Pro rating, you are not required to complete the log of 20 jumps as you have already achieved this.*

Jump No	Date and time jump nominated	DZSO signature (prior to emplaning)	Distance from target or within runway	DZSO signature (after landing)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

You must provide copies of your Log Book showing these jumps upon request by the CI and/or STO.

Within 5 metres of target or within a 15 x 2 metre runway.

Distance is measured from the first point of contact to the Target Centre if using alternative 1 in regulations. If using alternative 2, the 15 x 2m runway, mark that the landing was within the marked area. (In the interest of safety, tandem jumps **cannot** be nominated). Records which appear to have been altered, erased or have been filled out all at one time will not be accepted. **Note that fraud is a criminal offence.**

Statement by Applicant: I hereby declare that I have met all APF requirements applicable to this application, and agree to abide by the APF Rules and Regulations. I have read and understood my obligations in Part 10 of the Operational Regulations and will ensure I comply with the landing area requirements set out in OR 10.1.3.

Applicant Signature: Date/...../..... Club Affiliation:

Verification by Chief Instructor: I, the undersigned, being an APF Chief Instructor, have checked the above information and certify that the applicant has met all APF requirements applicable to this application

Chief Instructor (Pls Print) Training Organisation:

Signature: Date...../...../.....

Verification by Safety & Training Officer: I, the undersigned, being an APF STO, have checked the above information and certify that the applicant has met all APF requirements applicable to this application

STO (Pls Print) Area:

Signature: Date...../...../.....

\$25 (non-refundable) Fee per application as applicable, Please complete the following fields.

Payment Details - Post, email or fax this form to the APF Office with your payment

MasterCard

Visa

Cheque

Money Order

Life Member

Expiry date:

Name on Card: Amount approved:

Have you considered making a donation to the Australian Parachute Team? Tax deductible donations to support our national teams with training and competition costs may be made to the Australian Sports Foundation. For further information visit www.apf.com.au