



# Strong Enterprises

*"The parachute company with imagination"*

Division of S.E. Inc.

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## Application for Renewal of Tandem Examiner Rating

I, \_\_\_\_\_  
(First Name) (Last Name)

hereby apply for extension of my designation as Tandem Instructor Examiner for one year.

### Contact Information:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Business/Work: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Questionnaire:

In the last year I have conducted \_\_\_\_\_ TICC's and trained \_\_\_\_\_ Tandem Instructors.

The total number of Tandem Instructors I have trained is \_\_\_\_\_ .

I have made a total of \_\_\_\_\_ freefalls, including Tandem jumps.

I have made a total of \_\_\_\_\_ Tandem jumps as a passenger.

I have made a total of \_\_\_\_\_ Tandem jumps as an Instructor.

I have had a total of \_\_\_\_\_ Tandem malfunctions in the last 12 months.

I have had a total of \_\_\_\_\_ injuries to Tandem passengers in the last 12 months.

I am currently jumping at the following locations:

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Note: This form must be submitted by November 30 of the current year in order to receive your Tandem Examiner Letter of Designation for the following calendar year. If you do not submit your renewal any TICC conducted will not be processed.