



PARADIGM

PARACHUTE & DEFENSE

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: _____