

RIGGER EXTENSION REQUEST

Email request to: office@cspa.ca

Rigger A A1 A2 B (check rating that applies)

Name: _____

CSPA # _____ Expiry date: _____

Email: _____

Rigger Course #: _____ Rigger Instructor: _____

Rigger Course Date: _____ (mm/dd/yr)

I wish to

[] Gain an extension due to: (List reason for extension request)

Candidate's Signature _____

Date (mm/dd/yr) _____

Email: _____

OFFICE ONLY
Canadian Sport Parachuting Assoc.
Assoc. Canadienne de Parachutisme Sportif
This certifies that: _____ (Candidate's Name)
has been granted an extension for his/her RA RA1 RA2 RB
and will submit completed paperwork to complete rigger tasks no later than: _____
_____ (m/d/y)

Rigger Instructor

Date (mm/dd/yr)