

Parachute Association of Namibia

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PANAM Rating Certification Course Report

Mark Course Type with X:	Jumpmaster <input type="checkbox"/>	Instructor <input type="checkbox"/>	AFF Instructor <input type="checkbox"/>	Tandem Instructor <input type="checkbox"/>	Reserve Packer <input type="checkbox"/>	Rigger Senior <input type="checkbox"/>	Rigger Master <input type="checkbox"/>
Venue:					Date/s:		
Evaluator/s and rating numbers:							
To: The Safety and Training Officer: The above course was held in accordance with all applicable PANAM MOPs and SOPs. The following candidates attended the course:							
Candidate's name:					PANAM No	Result	
1.						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
2.						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
3.						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
4.						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
5.						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
6.						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
7.						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
8.						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
9.						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
10.						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
11.						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
12.						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
13.						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
14.						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
15.						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Comments: Give a summary of the course and content; attach a separate sheet if required. Include the individuals' results in the theory and practical sections as applicable. Recommendations regarding post-course requirements (if applicable) are to be listed.							
Evaluator/s Signature/s:							
Date:							