

UNITED STATES PARACHUTE ASSOCIATION® LICENSE APPLICATION

(Please type or print.)

Name _____

Street Address _____

City _____ State _____ Zip _____

Country _____ U.S. Citizen Yes No DOB ____ / ____ / ____

USPA #

X _____
Signature of Applicant

License Number(s) Issued: _____

Type \$ _____ License Fee (\$30 each license)
 B \$ _____ Expedite with fax or email confirmation (add \$20)
 C \$ _____ Total Phone # _____
 D Fax # or email address _____

U.S. payments: Mail check or money order payable to "USPA" or pay by VISA, MasterCard or Discover.

Foreign payments: Only VISA, MasterCard and Discover accepted for foreign payment.

No foreign checks or money orders.

OR check Make **U.S. checks only** payable to "USPA."

											month	year	3-digit security code		
											expiration date		on back of card		

1. EXPERIENCE (Fill in both categories)	
Total Jumps	
Total Freefall Time	

2. SKILL TABLES		
Fill in the number of the highest license you currently hold and all the information requested for each license that is higher than the one you currently hold, up to and including the license you are applying for. For each license requirement met, write in either the number of the jump, the date of the training or the score, accordingly. The verifying official must initial each block of the skill verification table and sign the verification box. Refer to the Skydiver's Information Manual, Section 3, for specific requirements.		

3. KNOWLEDGE
A USPA Instructor administers the written exam(s) (B, C, and D licenses), records the passing score(s) in the skill table(s), and initials the box(es).

A # _____ LICENSE Number*	B # _____ LICENSE Number (or fill out below)	C # _____ LICENSE Number (or fill out below)	D																																										
*If applying for A-license provide a photocopy of a completed USPA A-License Application, signed by a USPA Instructor, Instructor Examiner or member of the USPA Board of Directors.	<table border="1"> <thead> <tr> <th>Requirements</th> <th>Jump No. or date</th> <th>Initial</th> </tr> </thead> <tbody> <tr> <td>Accuracy (10 jumps)</td> <td>◇</td> <td> </td> </tr> <tr> <td>Maneuvers</td> <td> </td> <td> </td> </tr> <tr> <td>Water Training</td> <td> </td> <td> </td> </tr> <tr> <td>Canopy Course (See SIM 3-1)</td> <td> </td> <td> </td> </tr> <tr> <td>Exam Score</td> <td> </td> <td> </td> </tr> </tbody> </table>	Requirements	Jump No. or date	Initial	Accuracy (10 jumps)	◇		Maneuvers			Water Training			Canopy Course (See SIM 3-1)			Exam Score			<table border="1"> <thead> <tr> <th>Requirements</th> <th>Jump No. or date</th> <th>Initial</th> </tr> </thead> <tbody> <tr> <td>Accuracy (25 jumps)</td> <td>◇</td> <td> </td> </tr> <tr> <td>Maneuvers</td> <td> </td> <td> </td> </tr> <tr> <td>Exam Score</td> <td> </td> <td> </td> </tr> </tbody> </table>	Requirements	Jump No. or date	Initial	Accuracy (25 jumps)	◇		Maneuvers			Exam Score			<table border="1"> <thead> <tr> <th>Requirements</th> <th>Jump No. or date</th> <th>Initial</th> </tr> </thead> <tbody> <tr> <td>Night Jump #1</td> <td> </td> <td> </td> </tr> <tr> <td>Night Jump #2</td> <td> </td> <td> </td> </tr> <tr> <td>Exam Score</td> <td> </td> <td> </td> </tr> </tbody> </table>	Requirements	Jump No. or date	Initial	Night Jump #1			Night Jump #2			Exam Score		
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◇ List jump numbers used to meet the accuracy requirements: _____

NOTE: License applications must be signed by a verifying official.

A D-license application requires the signature of a member of the USPA Board of Directors, a Safety & Training Advisor or an Instructor Examiner.

Applications for B and C licenses may be signed by any current USPA Instructor or higher.

4. VERIFICATION (Please print or type)	
I certify that I have personally checked the applicant's logbook(s) and found documentation that the applicant has met all applicable requirements as specified in the Skydiver's Information Manual, Section 3-1.	
Name of verifying official (Print legibly)	Membership number and title
Signature of verifying official	Date
NOTE: D LICENSE REQUIRES SIGNATURE OF S&T OR HIGHER.	

5. CHECK LIST
<input type="checkbox"/> Experience table completed—Block 1. <input type="checkbox"/> All appropriate boxes on skill table completed—Block 2. <input type="checkbox"/> Signature (in verification box) of appropriately-rated verifying official—Block 4.

UNITED STATES PARACHUTE ASSOCIATION® LICENSE EXAM ANSWER SHEET

APPLICATION CHECKLIST

The verifying official signing the license application should double check that each of these items has been completed:

A. Applicant's personal information

B. Experience verification:

1. Number of jumps
2. Freefall time

C. Skill verification:

Verify (with your initials) that the jump number, date, or score for each requirement is correct and can be found in the applicant's logbook, **OR** enter the applicant's appropriate license number in the box provided.

D. Knowledge verification: Check that the written exam answer sheet is complete with a passing score recorded on the application.

E. Final Verification:

1. Sign the verifying official's certification statement and print your name, license number (or title), and date.
2. Mail the completed license application along with the fee.

LICENSE EXAM INSTRUCTIONS

A. Exam administrator:

1. Give the applicant this answer sheet and the questions to the exam. Do not permit references or other assistance during the exam. After the test, collect the materials and grade the exam. 75% (19 or more for the B-license and C-license exams; 30 or more required for the A-license and D-license exams) is required to pass.
2. Record the score on the license application and in the applicant's logbook. The applicant not passing will be eligible to retake this exam after seven days. To qualify for a higher license, the applicant must have passed all lower class license exams.

B. Applicant:

1. Write your name on this answer sheet.
2. Select the best available answer for each question and write the corresponding letter in the space provided.
3. When you finish, return this answer sheet and all exam questions to the person administering the test to you.

NOTE: USPA license exams must be administered by a USPA Instructor, Instructor Examiner, Safety & Training Advisor, or a member of the USPA Board.

APPLICANT (Please Type or Print)

Name: _____ Signature: _____

USPA Membership No. _____ Date _____ / _____ / _____

1. _____ 26. _____ 2. _____ 27. _____ 3. _____ 28. _____ 4. _____ 29. _____ 5. _____ 30. _____ 6. _____ 31. _____ 7. _____ 32. _____ 8. _____ 33. _____ 9. _____ 34. _____ 10. _____ 35. _____ 11. _____ 36. _____ 12. _____ 37. _____ 13. _____ 38. _____ 14. _____ 39. _____ 15. _____ 40. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____ 21. _____ 22. _____ 23. _____ 24. _____ 25. _____ SCORE: _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____ 21. _____ 22. _____ 23. _____ 24. _____ 25. _____ SCORE: _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____ 21. _____ 22. _____ 23. _____ 24. _____ 25. _____ SCORE: _____	1. _____ 26. _____ 2. _____ 27. _____ 3. _____ 28. _____ 4. _____ 29. _____ 5. _____ 30. _____ 6. _____ 31. _____ 7. _____ 32. _____ 8. _____ 33. _____ 9. _____ 34. _____ 10. _____ 35. _____ 11. _____ 36. _____ 12. _____ 37. _____ 13. _____ 38. _____ 14. _____ 39. _____ 15. _____ 40. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____ 21. _____ 22. _____ 23. _____ 24. _____ 25. _____ SCORE: _____
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