

**Completed the USPA Instructor Examiner Rating Course or
Advanced Instructor Course:**

Course dates: _____

Location: _____

Conducted by: _____

**For AFF IE, attended the most recent biennial AFF
Standardization Meeting**

Meeting date: _____

Location: _____

**For Tandem IE, must have completed the manufacturer's
examiner course and be a current manufacturer examiner
for the type of tandem system used.**

Manufacturer examiner type _____

Course date _____

(Must include a copy of the manufacturer examiner card with
this application)

EXAMINER RECOMMENDATION

This is to certify that _____,

Member # _____ is fully qualified as an Examiner
for the following discipline:

- Accelerated Freefall I/E
- Coach Examiner
- Instructor Assisted Deployment I/E
- Static Line I/E
- Tandem I/E

This candidate has administered a course under my supervi-
sion, and has met all of the necessary requirements, as out-
lined in Section 1 of the method specific syllabus of the
Instructional Rating Manual. I hereby recommend that the
Examiner rating listed above be issued.

Coach or Instructor Examiner Name (please print)

Coach or Instructor Examiner signature

Coach or Instructor Examiner USPA Membership Number

Course Date

Course Location

COURSE/EXAMINER VERIFICATION CHECKLIST

(Examiners, please verify the following)

- Examiner membership and rating expiration date _____
- Course Location _____ (must be a current USPA Group Member drop zone)
- Candidate USPA Membership expiration date _____
- Full Course
- Manufacturer or Foreign Tandem Rating Conversion Course (See Section 1.F of the Tandem Course)