## UNITED STATES PARACHUTE ASSOCIATION® LICENSE APPLICATION

Name
pe or Print)
Street Address

| City |  | State____Zip |  |
| :---: | :---: | :---: | :---: |
| Country |  | U.S. Citizen Yes $\square$ No | DOB__ / ___ |
| USPA \# |  |  |  |
|  | X |  |  |
|  |  | e of Applicant |  |


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

## 3. KNOWLEDGE

Include any answer sheets
for the written exam ( $B, C$, and $D$
license only) with this application.

NOTE: License applications must be signed by a verifing 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 Instructor Examiner. Skydiver's Information Manual, Section 3, for specific requirements.



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

$\checkmark$ List jump numbers used to meet the accuracy requirements: $\qquad$

| 4. VERIFICATION (Please print or type) |
| :--- |
| I certify that I have personally checked the applicant's logbook(s) and found documentation that <br> the applicant has met all applicable requirements as specified in the Skydiver's Information Manual, Section 3-1. <br> NOTE: D LICENSE <br> REQUIRES SIGNATURE <br> OF S\&TA OR HIGHER. <br> Name of verifying official (Print legibly.) Membership number and title <br> Signature of verifying official |

## 5. CHECK LIST

$\square$Experience table completed—Block 1.

$\square$All appropriate boxes on skill table completed-Block 2. $\square$Exam answer sheet(s) included—Block 3.
$\square$ Signature (in verification box) of appropriately-rated verifying official-Block 4 .

## UNITED STATES PARACHUTE ASSOCIATION LICENSE EXAM ANSWER SHEET

APPLICATION CHECK LIST
The verifying official signing the license application should double check that each of these items has been completed:
A. Applicants 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.
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. $75 \%$ ( 15 correct answers or more) 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.
3. Enclose this answer sheet with the applicant's license application.

## 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.

APPLICANT (Please Type or Print)
Name: $\qquad$ Signature $\qquad$
USPA Membership No. $\qquad$ Date__/__/_


INDIVIDUAL ADMINISTERING THIS LICENSE EXAM
Signature $\qquad$ Name: $\qquad$

Current USPA License or Membership No. $\qquad$ Date__ $/$ ___

