USPA A License Proficiency Card and Application

Name _____ USPA # _____

Address _____ *(or enclose new membership application)*

City, State, and Zip _____

Telephone _____

E-Mail _____

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Exit and Freefall Skills

1. Demonstrate freefall control on all axes, with a backloop, front loop, and barrel roll.
Date_____ I* _____ Lic. #* _____

2. Dive a minimum of 100 feet after another jumper and dock safely without assistance from the other jumper (two times).
Jump #_____ I _____ Lic. #_____

Jump #_____ I _____ Lic. #_____

3. Plan and independently execute a break-off from a group skydive with a **minimum 100 feet of horizontal separation** from another jumper or group. Separation must be gained independently in a straight track **within ten degrees of a radial heading** from the center of the formation.
Jump #_____ I _____ Lic. #_____

4. Locate and open clear of other jumpers and wave off to signal deployment.
Jump #_____ I _____ Lic. #_____

5. Jump and deploy while stable within five seconds after exit from 3,500 feet AGL.
Jump #_____ I _____ Lic. #_____

6. Complete 25 skydives.
Date # _____ I _____ Lic. #_____

Canopy Skills

1. Plan and fly a landing approach pattern that promotes smooth traffic flow and avoids obstacles.
Jump #_____ I _____ Lic. #_____

2. Demonstrate a stand-up landing.
Jump #_____ I _____ Lic. #_____

3. Perform a braked approach and landing.
Jump #_____ I _____ Lic. #_____

***All verification blocks require the initials and C- or D-license number of a USPA Instructor or I/E.**

4. Land within 20 meters of a preselected target on at least five jumps.
Jump #_____ I _____ Lic. #_____

Jump #_____ I _____ Lic. #_____

Jump #_____ I _____ Lic. #_____

Jump #_____ I _____ Lic. #_____

Jump #_____ I _____ Lic. #_____

5. Perform rear-riser turns (brakes set and released).
Jump #_____ I _____ Lic. #_____

6. Above 2,500 feet, perform a maximum-performance 90-degree toggle turn, followed immediately by a turn of at least 180 degrees in the opposite direction (two times).
Jump #_____ I _____ Lic. #_____

Jump #_____ I _____ Lic. #_____

7. Above 1,000 feet, perform front riser dives and turns (may be waived if insufficient strength).
Jump #_____ I _____ Lic. #_____

8. Accurately predict the presence and effects of turbulence in the landing area.
Jump #_____ I _____ Lic. #_____

Equipment Knowledge

1. Demonstrate knowledge, inspection, donning, use, and owner maintenance of all equipment to be used on the jump.
Date_____ I _____ Lic. #_____

2. Calculate the wing loading of both main and reserve canopies and compare the sizes against the manufacturer's published recommendations.
Date_____ I _____ Lic. #_____

3. Demonstrate the understanding, use, and disconnection of a reserve static line.
Date_____ I _____ Lic. #_____

4. Demonstrate the understanding and use of an automatic activation device.
Date_____ I _____ Lic. #_____

5. Pack a main parachute without assistance.
Date_____ I _____ Lic. #_____

6. Check equipment for another skydiver.
Jump #_____ I _____ Lic. #_____

7. Perform manufacturer-recommended owner service on a canopy release system.
Date_____ I _____ Lic. #_____

8. Change or adjust a main closing loop.
Date_____ I _____ Lic. #_____

9. Show knowledge of FAA rules on parachute packing intervals and required personnel.
Date_____ I _____ Lic. #_____

Aircraft and Spotting

1. Demonstrate understanding of seat belt use and applicable FARs.
Date_____ I _____ Lic. #_____

2. Identify local runway headings, lengths, and aircraft approach and departure patterns.
Date_____ I _____ Lic. #_____

3. Using an aviation winds aloft forecast, select the correct exit and opening point.
Jump #_____ I _____ Lic. #_____

4. Recite cloud clearance and visibility requirements for above and below 10,000 feet MSL.
Date_____ I _____ Lic. #_____

5. Receive a briefing on weight and balance, the effect of a jumper on aircraft control surfaces when outside an aircraft, spotting, and radio and onboard communication procedures.
Date_____ I _____ Lic. #_____

6. In routine jump conditions, plan with a jump pilot and spot the aircraft without assistance.
Jump #_____ I _____ Lic. #_____

Emergency Review

*(Each qualifying review session **must** be conducted **after initial solo jump training** on later dates.)*

1. In a training harness, recognize and take appropriate action for all parachute malfunctions **(two review sessions following the first-jump course)**.
Date_____ I _____ Lic. #_____

Date_____ I _____ Lic. #_____

2. Review power line avoidance and landings.
Jump #_____ I _____ Lic. #_____

3. Review tree avoidance and landings.
Jump #___ I _____ Lic. #_____

4. Review building avoidance and landings.
Date_____ I _____ Lic. #_____

5. Review water avoidance and landings.
Date_____ I _____ Lic. #_____

6. Review aircraft emergency procedures.
Date_____ I _____ Lic. #_____

License Examination

License Requirement	Instructor	Lic. #
• (See SIM Sec. 3-2.A.1.c)	_____	_____
• A license exam	_____	_____
• Joined USPA	_____	_____

Application instructions:

Fax this completed form or mail a photocopy to USPA to register your license. **DO NOT SEND THIS ORIGINAL DOCUMENT.** Keep this document in a safe place until you receive a new membership card. Enclose the registration fee, or fax with your valid Visa or MasterCard number.

$_____ **License Fee ($30)**
$_____ **Expedite with fax or e-mail confirmation ($20)**
*Fax # or e-mail address*_____
$_____ **Total**

❑ MasterCard ❑ VISA **Foreign payments must be with VISA or MasterCard.**

expiration date MO YR

Applicant's signature_____
Mail copy to U.S. Parachute Association, 5401 Southpoint Centre Blvd., Fredericksburg, VA 22407;
or fax to (540) 604-9741.

Official USPA A-license stamp:

This stamp and signature of a USPA Instructor or I/E, verifies that the applicant has completed all qualifications for the USPA A skydiving license and performed satisfactorily on the USPA A-license check dive. This temporary USPA A license expires with the holder's USPA regular membership or when replaced by any registered license issued from USPA Headquarters.

Valid only when stamped. (Stamp not required for registration at USPA Headquarters.)

Instructor's Name_____

Signature_____

USPA #_____**Date**_____

Drop Zone Name_____