



United States Parachute Association*
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USPA Group Member Initial Application

The information you provide in this application will be used for listings for the Group Member in USPA publications including *Parachutist* and USPA's on-line Group Member directory.

Check here if you do not want the DZ included in a mailing list occasionally sold by USPA.

DROP ZONE INFORMATION (TO BE PUBLISHED)

Name of DZ (as you want it published):

Airport Name:

Airport's City: _____ Airport State/Country: _____

DZ Latitude: _____ DZ Longitude: _____

DZ Physical Address:

City: _____ State/Country: _____

Weekday Phone: _____ Weekend Phone: _____

Fax Number: _____

Web Address:

E-mail Address:

DROP ZONE INFORMATION (TO BE PUBLISHED)

Distance from Major City/Metro Area (miles/kilometers): _____ Direction (north, south, east, west): _____

City/Metro Area: _____ Distance to Nearest Hotel (miles/kilometers): _____

Number and Type of Aircraft Used at DZ on a Regular Basis:

Instructional Programs Offered (please check):
 AFF IAD SL Tandem

DROP ZONE AMENITIES (TO BE PUBLISHED)

Please report services and facilities regularly available at your DZ. Checking a box means that the facilities are on the DZ or airport property and available for skydiver use.

- | | | |
|--|---|--|
| <input type="checkbox"/> Full-service restaurant, snack bar, or full grill service (does not include vending machines or microwave oven) | <input type="checkbox"/> Bath house or hot shower facilities | <input type="checkbox"/> Load organizers available |
| <input type="checkbox"/> Bunkhouse with beds | <input type="checkbox"/> Swimming pool | <input type="checkbox"/> Swoop pond |
| <input type="checkbox"/> RV spaces with electric hook-ups | <input type="checkbox"/> Skydiving equipment for rent/retail gear sales on the drop zone | <input type="checkbox"/> Freefall video camera flyers for hire |
| <input type="checkbox"/> Designated camping areas on or adjacent to the DZ | <input type="checkbox"/> Full-service FAA-certified rigging services available during business hours | <input type="checkbox"/> Wireless internet/internet access |
| | | <input type="checkbox"/> Packing services |

In applying for Group Membership, you will be agreeing to the terms listed below. Please read them carefully. Failure to comply with the terms may result in removal from the Group Membership Program by USPA, forfeiture of fees and cancellation of benefits and services provided by USPA.

I hereby apply for Group Membership and in so doing agree to follow the terms of the Group Member Pledge below.

GROUP MEMBER PLEDGE

As a person with operational control, I pledge to:

- Comply with the USPA Basic Safety Requirements (BSRs), which include compliance with the Federal Aviation Regulations relevant to skydiving operations, including aircraft operations.
- Ensure that all pilots employed or utilized for the purpose of parachute operations hold at least a commercial pilot certificate and a second-class medical certificate.
- Ensure that all aircraft utilized for the purpose of parachute operations comply with commercial maintenance requirements described in FAR Part 91.409(a) through (f) as applicable.
- Ensure skydiving staff of the Group Member are appropriately qualified and trained in accordance with the SIM and (where applicable) hold current USPA ratings commensurate with their duties.
- Establish landing procedures that will include separation of high-speed and normal landings. These landing procedures must be prominently displayed and communicated to all jumpers at the drop zone.
- Support USPA promotional programs at the drop zone.
- Require introductory or regular individual USPA membership of:
 1. all licensed U.S. skydivers (a skydiver is considered a student until licensed)
 2. non-resident foreign nationals who do not have proof of membership in their national aeroclub.
- Agree to abide by USPA’s Skydiving Service Code of Conduct (below).
- Include USPA in the Group Member hold-harmless release, consistent with state laws. (U.S. DZs only. New applicants, please provide a copy of the waiver with this application.)

I further understand that granting of such membership or any renewal thereof is purely at the discretion of USPA. USPA may make its decision to grant or renew an application based upon information and sources that, at its sole discretion, it finds appropriate. I further understand that either party retains the right, on 30 days notice, to terminate my Group Membership for any reason whatsoever. Should your Group Membership be terminated by either party, you will not be entitled to any refund of initial application fees or renewal fees. I certify that the above is true and correct to the best of my knowledge.

signature	date
name (please print)	title/position
name of club, school or DZ	

SKYDIVING SERVICE CODE OF CONDUCT

As an organization offering and facilitating skydiving services, and as a Group Member of the United States Parachute Association:

We declare a dedication to safety as our highest goal, empowering ourselves and others to make decisions so that the highest possible standards of safety are maintained.

We display respect for all staff and customers and do not tolerate harassment or discrimination based on race, creed, gender, age, and disability, subject to safe practices.

We foster honesty, integrity, and fairness in our business relationships with customers, contractors, suppliers, and employees and strive to minimize misunderstandings and conflict.

We refrain from disparaging other individuals and organizations, whether written, spoken, or implied, but work to uphold and foster a positive image of skydiving.

We strive, individually and organizationally, to enhance our professional skills and knowledge, and to assist others in doing so.

We understand that, as a service business, we must operate on sound ethical, management, and financial principles.

We will develop and display a refund policy and make it available to customers prior to financial transactions.

CHECKLIST FOR NEW GROUP MEMBERS

Name of DZ:

Who will have day-to-day operational control of the DZ?

Will any BSR waivers be necessary? yes no If so, please describe.

Who will be the supervising instructor for each first-jump method offered?

Who will be the supervising rigger for packing?

Who will be the chief pilot?

Is there adequate landing area free of hazards, as required by USPA BSRs? yes no

- Tandems, B & C license holders - minimum of 50-meter radius
- D-license holders - minimum of 12-meter radius

Are the flight-line and landing area adequately separated from spectator areas? yes no

Describe specifics or distance.

Are there fuel quality controls and checks in place? yes no

Who is responsible?

Is there an aircraft operations manual? yes no

Is there adequate initial and recurrent training for jump pilots? yes no

Which ATC facility has been notified?

What is the ATC frequency or frequencies?

Is there an emergency response plan and first-aid equipment? yes no

Has there been coordination with the local EMS service? yes no

DZO Signature: _____ **Date:** _____

Printed Name:

REGIONAL DIRECTOR'S SIGNATURE

_____ / ____ / ____ : ____ a.m. / p.m.
signature date time

USPA Aircraft Status Form

(Submit one form for each aircraft)

Make/Model _____ N- _____

For the aircraft above, check one box below indicating which FAR section the aircraft is maintained under. Then fill-in every blank in the table beneath that section.

- 91.409(a)&(b) Annual and 100-Hour Inspections (Not Available to Multi-Turbine Airplanes)

Annual & 100-Hour Inspection	Last:	Next:
Annual Inspection	_____	_____
	Date	Date
100-Hour Inspection	_____	_____
	Tach/Hobbs	Tach/Hobbs

- 91.409(d) Progressive Inspection (Not Available to Multi-Turbine Airplanes)

Progressive Inspection	Last:	Next:
On File With	_____	_____
_____	_____	_____
Name of FSDO		

- 91.409(f)(3) Manufacturer Inspection

Manufacturer Inspection	Last:	Next:
_____	_____	_____
_____	_____	_____
Name of Manufacturer Program		

- 91.409(f)(4) FAA-Approved Inspection

Approved Inspection	Last:	Next:
On File With	_____	_____
_____	_____	_____
Name of FSDO		

Name of A&P, IA or FAA Repair Station responsible for the inspection of this aircraft:

A&P or IA Certificate No. _____ Repair Station No. _____

I certify this information accurately represents this aircraft's inspection program:

DZO or Representative's Signature

Date

Printed Name: _____ Title: _____

DZ Name: _____