

12-4: Request for Certification of State and National Record Form

(Please see Section 12-3 for instructions on how to complete this form.)

Today's date: _____ Date USPA notified: _____

- National Record (check both if both are appropriate)
- State Record

RECORD CATEGORY (CHECK ONE):

- Altitude
- Speed
- Accuracy Landing
- Freefall Style
- Formation Skydiving 4-way, longest sequence
- Formation Skydiving 8-way, longest sequence
- Formation Skydiving 16-way, longest sequence
- Formation Skydiving 10-way
- Formation Skydiving, largest formation
- Formation Skydiving, largest formation, sequential
- Canopy Formation 2-way sequential
- Canopy Formation 4-way rotations
- Canopy Formation 4-way sequential
- Canopy Formation 8-way speed
- Canopy Formation, largest formation
- Canopy Formation, largest formation, sequential
- Canopy Piloting, longest distance
- Canopy Piloting, fastest speed
- Freeflying, longest sequence
- Freeflying/Vertical formation skydiving, largest head-down formation
- Freeflying/Vertical formation skydiving, largest head-down formation, sequential
- Vertical Formation Skydiving 4-way, longest sequence
- Most jumps in 24 hours/Most total jumps
- Wingsuit formation skydiving, largest formation

RECORD CLASS (CHECK ONE):

- General
- Female
- Collegiate

Date(s) of performance: _____

Place of performance: _____

Type of aircraft: _____

Results of attempt (e.g., 4-way, 23 points, etc.): _____

Name(s) of participant(s), including gender(s), and USPA (or other country's) membership number(s) including date(s) of expiration:

CERTIFICATION:

We, the undersigned, certify the record performance aforementioned above. The attempt was made in accordance with the regulations of the USPA Skydiver's Competition Manual. Photographic evidence, where appropriate, of the record was provided and verified.

SIGNATURES OF USPA CERTIFYING OFFICIALS

_____(signature) _____(printed name & USPA#/Pilot's #)

FAI, National, Regional Judge or FAA-rated aviator & number (Circle which)
 AND

_____(signature) _____(printed name & USPA#)

FAI, National, Regional Judge; S&TA; USPA Board member;
 USPA Staff member (Circle which)

- Enclosed is payment of \$35 for initial State Record certification (one certificate);
- Enclosed is payment of \$35 for initial National Record certification (one certificate);

Number of additional State Record certificates _____ (\$10 each)

Amount enclosed: _____

Number of additional National Record certificates _____ (\$10 each)

Amount enclosed: _____

Total amount to be charged/paid: _____

If paying by check: Check amount: _____ Check number: _____

If paying by credit card: Visa MC (check one)

Card #: _____ 3-digit CVC: _____

Exp. Date: ____/____/____ Signature: _____

send certificate(s) to:

Name _____

Address _____

City/State/Zip _____