USPA WINGS & BADGES
application and order form

Use this form to apply for a numbered certificate of recognition of one thousand jumps and/or twelve hours of freefall, or multiple achievement thereof. Those receiving initial 1,000- or 2000-Jump, or the 12- or 24-Hour awards will also receive metallic wings or badges, as appropriate, at no cost. Those receiving certificates for awards above that level may use this form to purchase wings and badges.

1. Name of applicant (recipient) as it is to appear on the certificate:

_____D license #: _____USPA member #: _____

Address: _____

City: _____State:_____Zip: _____

2. Award(s) requested and date(s) qualifying jumps were made. This form can only accommodate one award each of wings and badges. Check only one box in each column. (Certificates will be sent free of charge.)

WINGS [1,000-JUMP INCREMENTS]

- ❑ 1,000-Jump Wings
- ❑ 2,000-Jump Wings
- ❑ _____jumps

jump date: _____

BADGES [12-HOUR FREEFALL INCREMENTS]

- ❑ 12-Hour Freefall Badge
- ❑ 24-Hour Freefall Badge
- ❑ _____ hours

jump date: _____

3. For awards higher than the 2,000 jumps/24 hours of freefall award, please indicate below the metallic badges to be ordered. Otherwise, please skip to step 5. The price for the pin (wings or badge) is $15 each.

DESCRIPTION	DESCRIPTION
❑ 3,000-Jump Wings	❑ 36-Hour Freefall Badge
❑ 4,000-Jump Wings	❑ 48-Hour Freefall Badge
❑ 5,000-Jump Wings	❑ 60-Hour Freefall Badge
❑ 6,000-Jump Wings	❑ 72-Hour Freefall Badge
❑ 7,000-Jump Wings	❑ 84-Hour Freefall Badge
❑ 8,000-Jump Wings	❑ 96-Hour Freefall Badge
❑ 9,000-Jump Wings	❑ 108-Hour Freefall Badge
❑ 10,000-Jump Wings	❑ 120-Hour Freefall Badge
❑ 11,000-Jump Wings	❑ 132-Hour Freefall Badge
❑ 12,000-Jump Wings	❑ 144-Hour Freefall Badge
❑ Other _____	❑ Other _____
Jump date: _____	Jump date: _____

4. Payment information.

U.S. Payments—Make check or money order payable to "USPA" and mail to: USPA, 5401 Southpoint Centre Blvd., Fredericksburg, VA 22407; or fax with VISA or MasterCard authorization to: (540) 604-9741.
Foreign Payments: Only VISA and MasterCard accepted for foreign payment. **Sorry, No foreign checks or money orders.**

SUBTOTAL $_____

VIRGINIA RESIDENTS ADD 5% SALES TAX $_____

TOTAL $_____

❑ CHECK OR MONEY ORDER ENCLOSED OR ❑ CHARGE TO:

❑ VISA ❑ MasterCard

CREDIT CARD NUMBER

EXPIRATION MO YR

_____
CARD HOLDER SIGNATURE
*Please allow three weeks for delivery.

Payments made to USPA are not deductible as charitable contributions for U.S. income tax purposes.

5. Shipping and mailing information. Please provide the instruction on where to send the award(s). For general information, the Regional Director often makes the presentations at a suitable event so that the accomplishment can be recognized publicly. Photos may be submitted to *Parachutist* magazine.

Name:_____

Street: _____

City:_____ State: _____ Zip: _____ Country:_____

Other Special Instructions: _____

6. Certification. The qualifications for this award must be certified by a USPA National or Regional Director. The signatory is verifying that the above named USPA member has made the necessary jumps and/or accumulated the necessary hours of freefall and other requirements as stated in the SIM.

_____

Signature of certifying National or Regional Director (required) Title Date USPA # or Lic. #