

USPA Rating Renewal Form



07-09

Instructional Rating Renewal Section One \$30 instructional rating renewal fee covers all instructional ratings.

LEGEND	I — Instructor
	C/E — Coach/Examiner
	I/E — Instructor/Examiner (any discipline)
	S&TA — Safety & Training Advisor
	BOD — Board of Directors

Each official who signs below verifies that the applicant has met all annual rating renewal requirements as outlined in the "Introduction and Orientation" sections for that rating in the current USPA Instructional Rating Manual. Those sections are available for download at www.uspa.org, and the complete IRM is on sale at the USPA Shop.

Renew only the highest rating you hold in each discipline or USPA Coach. You may not verify your own ratings.

	COACH		AFF		S/L		IAD		TANDEM	
COACH	_____ official's signature	I	_____ official's signature	_____ official's signature	_____ official's signature	_____ official's signature	_____ official's signature	_____ official's signature	_____ official's signature	
	_____ official's printed name		_____ official's printed name	_____ official's printed name	_____ official's printed name	_____ official's printed name	_____ official's printed name	_____ official's printed name	_____ official's printed name	_____ official's printed name
	_____ official's membership # or D-license #		_____ official's membership # or D-license #	_____ official's membership # or D-license #	_____ official's membership # or D-license #	_____ official's membership # or D-license #	_____ official's membership # or D-license #	_____ official's membership # or D-license #	_____ official's membership # or D-license #	_____ official's membership # or D-license #
	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> I <input type="checkbox"/> S&TA <input type="checkbox"/> I/E <input type="checkbox"/> BOD		verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> S&TA <input type="checkbox"/> I/E <input type="checkbox"/> BOD	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> S&TA <input type="checkbox"/> I/E <input type="checkbox"/> BOD	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> S&TA <input type="checkbox"/> I/E <input type="checkbox"/> BOD	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> S&TA <input type="checkbox"/> I/E <input type="checkbox"/> BOD	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> S&TA <input type="checkbox"/> I/E <input type="checkbox"/> BOD	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> S&TA <input type="checkbox"/> I/E <input type="checkbox"/> BOD	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> S&TA <input type="checkbox"/> I/E <input type="checkbox"/> BOD	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> S&TA <input type="checkbox"/> I/E <input type="checkbox"/> BOD

All USPA instructional rating holders (including coaches): Within the last year, I have participated in a Rating Renewal Seminar (defined in the SIM Glossary) at _____ on ___/___/___

C/E	_____ official's signature	I/E	_____ official's signature	_____ official's signature	_____ official's signature	_____ official's signature	_____ official's signature	_____ official's signature	<input type="checkbox"/> COPY OF CURRENT FAA MEDICAL ATTACHED	
	_____ official's printed name		_____ official's printed name	_____ official's printed name	_____ official's printed name	_____ official's printed name	_____ official's printed name	_____ official's printed name	_____ official's printed name	_____ official's printed name
	_____ official's membership # or D-license #		_____ official's membership # or D-license #	_____ official's membership # or D-license #	_____ official's membership # or D-license #	_____ official's membership # or D-license #	_____ official's membership # or D-license #	_____ official's membership # or D-license #	_____ official's membership # or D-license #	_____ official's membership # or D-license #
	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> I/E <input type="checkbox"/> BOD		verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> I/E <input type="checkbox"/> BOD	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> I/E <input type="checkbox"/> BOD	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> I/E <input type="checkbox"/> BOD	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> I/E <input type="checkbox"/> BOD	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> I/E <input type="checkbox"/> BOD	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> I/E <input type="checkbox"/> BOD	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> I/E <input type="checkbox"/> BOD	verifying official's title <input type="checkbox"/> C/E <input type="checkbox"/> I/E <input type="checkbox"/> BOD

C/E and I/E performance requirements: Within the last 24 months, I have participated as a certifying official in a USPA Instructional Rating Course at _____ on ___/___/___

PRO Rating Renewal Section

Approved methods of skills verification (choose one):

Must be performed in the presence of a current USPA Regional or National Judge, USPA Regional or National Director, S&TA, or Instructor Examiner within the preceding 12 months:

Perform an accuracy jump landing within 25 cm. of target center (need not be a stand up landing).

Perform a stand-up landing within a 10 meter diameter circle (not more than five meters from target center; with the landing and stopping point within the 10-meter circle).

Perform a Level Two demonstration jump (as defined by FAA).



date of jump	location of jump	verifying official's printed name	verifying official's signature	verifying official's memb. or license #
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Check here if you do not want to be listed on the PRO-rating roster distributed to other PRO-rating holders.

Personal Validation Section

Applicant's name (please print): _____

membership number: _____

I certify that all the statements on this USPA Rating Renewal Form are true. Applicant's signature: _____

date: _____