



**United States Parachute Association\***

5401 Southpoint Centre Boulevard  
Fredericksburg, Virginia 22407  
(540) 604-9740 | (540) 604-9741 (fax)  
uspa.org | groupmembers@uspa.org

**Initial Application for  
Group Membership in the  
United States Parachute  
Association, Inc. ("USPA")**

**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: \_\_\_\_\_ Zip: \_\_\_\_\_

Weekday Phone: \_\_\_\_\_ Weekend Phone: \_\_\_\_\_

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"/> Bunkhouse with Beds     | <input type="checkbox"/> Packaging Service         | <input type="checkbox"/> Swoop Pond    |
| <input type="checkbox"/> Designated Camping Area | <input type="checkbox"/> Rigging Service           | <input type="checkbox"/> Team Rooms    |
| <input type="checkbox"/> Equipment Rental/Sales  | <input type="checkbox"/> RV Space with Electricity | <input type="checkbox"/> Videographers |
| <input type="checkbox"/> Full-Service Restaurant | <input type="checkbox"/> Showers Facilities        | <input type="checkbox"/> Wi-fi         |
| <input type="checkbox"/> Load Organizers         | <input type="checkbox"/> Swimming Pool             | <input type="checkbox"/> Other: _____  |

**NARRATIVE TEXT (TO BE PUBLISHED)**

In 50 words or less, please describe your facilities and services and any other information which you believe to be of interest to skydivers. Please do not make claims that cannot be readily substantiated by USPA, for example, the "biggest" or "best DZ in XYZ;" or, "the favorite DZ for foreign jumpers." Comments outside the context and spirit of the directory and entries longer than 50 words will be edited. Especially helpful are travel directions from cities and/or major highways.

**Sample Entry:**

*Open seven days a week, year round. From Capitol City, take I-97 north to Exit 17. Go west 17 miles to the Icefish Airport. Air-conditioned and heated hangar. Coaching available in formation skydiving and style & accuracy. King Air available during the summer.*

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**DROP ZONE INFORMATION (NOT FOR PUBLICATION)**

DZ Mailing Address (complete mailing address as your Post Office requires it):

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**OWNER/MANAGER INFORMATION (NOT FOR PUBLICATION)**

Name of DZ Owner (may be an individual or an entity): \_\_\_\_\_

If name above is an entity, name of DZ Owner's President, CEO or other primary Executive/Manager (Authorized Agent):

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Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of DZ Manager (if not the above): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Your Recommended/Requested S&TA Appointee (S&TAs are appointed by the USPA Regional Director):

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Ratings: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**DZ NAME:** \_\_\_\_\_

In applying for Group Membership, you will be agreeing to the terms of the Group Member Pledge set forth below. Please read them carefully. Failure to comply with the terms may result in suspension or removal from the Group Membership Program by the USPA, forfeiture of fees and cancellation of benefits and services provided by the USPA, or other disciplinary action provided for in the USPA Governance Manual as in effect from time to time.

The individual or entity for whom this Application is completed hereby applies for Group Membership, agrees to follow the terms of the Group Member Pledge set forth below, and intends this Application, once accepted by the USPA, to be an enforceable agreement that includes the Group Member Pledge below and the terms of the USPA's acceptance set forth further below. The individual or entity for whom this Application is completed further agrees that with respect to any dispute, claim or controversy arising under, out of, in connection with or relating to this Agreement, or any course of conduct, course of dealing, statements (oral or written), or actions relating to this Agreement, any action at law, suit in equity or other judicial proceeding for the enforcement of this Agreement, any provision hereof or any rights of the undersigned applicant as a Group Member of the USPA shall be instituted only in the United States federal courts located in the City of Richmond, Virginia or in the Virginia state courts located in the City of Fredericksburg, Virginia and (along with the USPA) hereby **knowingly, voluntarily, intentionally and with the advice of counsel waives any rights to a trial by jury with respect to any dispute, claim or controversy** based on this agreement, or relating to, arising out of, under, or in connection with, this agreement, or any course of conduct, course of dealing, statements (oral or written), or actions relating to this agreement. This waiver will apply regardless of how any cause of action is denominated and regardless of what relief is sought. If this waiver is ineffective as to one or more causes of action for any reason, this waiver will remain effective as to all other causes of action.

**GROUP MEMBER PLEDGE**

The undersigned applicant pledges and agrees 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 U.S. Federal Aviation Regulations Part 91.409(a) through (f) as applicable.
- Ensure skydiving staff of the Group Member (i.e., the undersigned applicant) are appropriately qualified and trained in accordance with the Skydiver's Information Manual and (where applicable) hold current USPA ratings commensurate with their duties.
- Establish landing procedures that will include separation of high-performance and normal landing areas, such separation may be by location or time. These landing procedures must be prominently displayed and communicated to all jumpers at the drop zone. In normal landing areas, the direction of landing and direction of turns shall be specified and for each normal landing area, turns may only be in one direction.
- Support USPA promotional programs at the drop zone.
- Require temporary or regular individual USPA membership of:
  1. all U.S. skydivers cleared for self-supervision
  2. non-resident foreign nationals who do not have proof of membership in their national aeroclub.
- Include USPA and manufacturers, distributors and dealers of skydive equipment in the Group Member hold-harmless release, consistent with state laws. (Please provide a copy of the waiver with this application.)
- Assure that all jumpers are accounted for no later than the close of jumping for the day.

The undersigned applicant further understands that granting of Group Membership is purely at the discretion of the USPA. The USPA may make its decision to grant an application based upon information and sources that, at its sole discretion, it finds appropriate. The undersigned applicant further understands that the USPA retains the right to suspend or terminate the undersigned applicant's Group Membership in accordance with procedures set forth in the USPA Governance Manual as in effect from time to time, and the undersigned applicant reserves the right to terminate its Group Membership on thirty (30) days' notice to the USPA. Should the undersigned applicant's Group Membership be terminated by the USPA or by the undersigned applicant, there will be no refund of initial application fees or renewal fees.

I certify that the above is true and correct to the best of my knowledge. On behalf of the undersigned applicant, I intend my transmission of any facsimile or scan of a document containing my signature to be the delivery of a document executed with my signature on behalf of the undersigned applicant.

I certify that all aircraft inspection forms submitted as part of my Group Member application/renewal are current and valid.

**ACCEPTANCE BY THE DROP ZONE OWNER**

Name of Drop Zone Owner (individual or entity that is legal owner): \_\_\_\_\_

Signature of Drop Zone Owner, if an individual, or of authorized agent of Drop Zone Owner, if an entity (i.e., President, Manager, General Partner, etc.), acting on behalf of the above-named Drop Zone Owner: \_\_\_\_\_

Printed name of the signer above \_\_\_\_\_ Date: \_\_\_\_\_

Title of authorized agent signing on behalf of entity Drop Zone Owner: \_\_\_\_\_

**ACCEPTANCE BY THE USPA**

The applicant that has completed and executed the foregoing document is accepted for Group Membership in the USPA and shall be afforded the benefits and privileges afforded to U.S. Group Members set forth in the USPA Group Membership Manual, subject to the other provisions of that Manual, as in effect from time to time (taking into account modifications thereto from time to time), and to the terms of the foregoing Application (including the waiver by the USPA and the applicant of any right to trial by jury).

Witness the signature of the undersigned officer of the United States Parachute Association, Inc., a New York not-for-profit corporation headquartered in Virginia, as of the date set forth below.

**USPA, INC.**

By: \_\_\_\_\_ Its: Executive Director Date: \_\_\_\_\_

**CHECKLIST FOR NEW GROUP MEMBERS**

Name of DZ: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Who will be the supervising rigger for packing? (Full name and state where rigger certificate is registered)

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Who will be the chief pilot? (Full name and state where certificate is registered)

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

- Student and A-license holders - minimum radius of 330 feet
- Tandems, B & C license holders - minimum radius of 165 feet
- D-license holders - minimum radius of 40 feet

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 a flight operations handbook?  yes  no.

**Please submit a copy of your Flight Operations Handbook (required for Group Membership)**

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:** \_\_\_\_\_

# USPA Aircraft Status Form

Make/Model \_\_\_\_\_ N- \_\_\_\_\_

For the aircraft above, check the 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:
_____ 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:
_____ 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. \_\_\_\_\_

Make/Model \_\_\_\_\_ N- \_\_\_\_\_

For the aircraft above, check the 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:
_____ 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:
_____ 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. \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ DZ: \_\_\_\_\_

